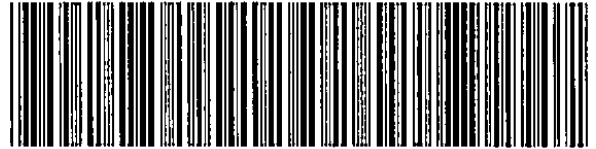


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IFLOWSOFT SOLUTIONS INC
Name of Corporation

DOCUMENT NUMBER: F14000002697

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

SANKAR VEERAMALAI
Name of Contact Person

IFLOWSOFT SOLUTIONS INC
Firm/Company

200 MIDDLESEX ESSEX TPKE, SUITE 203A
Address

ISELIN, NJ 08830
City/State and Zip Code

SANKAR@IFLOWSOFT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANKAR VEERAMALAI at (732) 404-1963
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NEW JERSEY in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: IFLOWSOFT SOLUTIONS INC

2. The principal office address: 200 MIDDLESEX ESSEX TPKE, SUITE 203A

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/19/2008 Document number: F14000002697

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

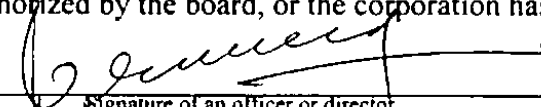
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

REGISTERED AGENTS INC
7901 4TH ST N, STE 300
P.O. Box NOT acceptable
ST. PETERSBURG, FL 33702

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

SANKAR VEERAMALAI
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

2/21/2019
Date

If signing on behalf of an entity:

Bill Havre
Typed or Printed Name

***** FILING FEE: \$35.00 *****