

LOG 100 105155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

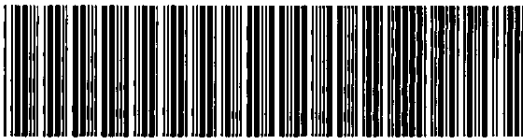
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
SEP 13 2011  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TEKNOVATION SERVICES LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSCAR PEDRAJA  
Name of Person

Firm/Company

9000 SHERIDIAN ST SUITE 166  
Address

PEMBROKE PINES FL 33024  
City/State and Zip Code

oscar\_pedraja@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oscar Pedraja at ( 818 ) 434-4913  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee  \$55 Filing Fee & Certified Copy

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11 SEP 12 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TEKNOVATION SERVICES LLC

2. (a) Principal office address of limited liability company: 9000 SHERIDIAN ST SUITE 166

(Note: **MUST BE STREET ADDRESS**) PEMBROKE PINES FL 33024

(b) Mailing address of limited liability company: 9000 SHERIDIAN ST SUITE 166

(Note: **MAY BE POST OFFICE BOX**) PEMBROKE PINES FL 33024

OCTOBER 30, 2009

3. Date of filing/registration in Florida

L09000105155

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: LEONARDO ROTH

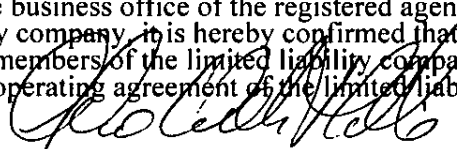
Registered Office Address: 201 S BISCAYNE BLVD SUITE 905  
MIAMI FL 33131

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW** Registered Agent: OSCAR PEDRAJA

**NEW** Registered Office Address: 9000 SHERIDIAN ST SUITE 166  
**(MUST BE FLORIDA STREET ADDRESS)** PEMBROKE PINES FL 33024

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

MARIO WILHEN / OPERATIONS MANAGER

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00