

L13 0000 95721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

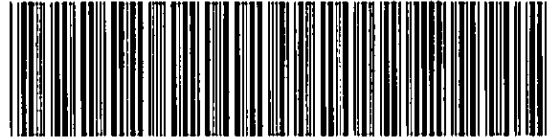
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUN -5 PM 3:40

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JUN 22 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLEX OPTRONIX TECHNOLOGIES, 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:

TREVOR K. BREWER, ESQ.

Name of Person

BREWERLONG PLLC

Firm/Company

620 N WYMORE RD STE 270

Address

MAITLAND, FLORIDA 32751

City/State and Zip Code

e.h.banaei@flex-optronix.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TREVOR K. BREWER, ESQ.

at (407) 660-2964

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: FLEX OPTRONIX TECHNOLOGIES, LLC

2. (a) 2372 N. FORSYTH RD. (b) _____

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

ORLANDO, FLORIDA 32807

07/04/2013

L13000095721

3. Date of filing/registration in Florida

4. Document number

5. (a) SEYED ESMAEIL BANAEI

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2372 N. FORSYTH RD.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

ORLANDO, FL 32807

(b) BREWERLONG PLLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

620 N. WYMORE RD. STE 270

MAITLAND, FL 32751

SECRETARY OF STATE
TALLAHASSEE, FL
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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]
Signature of a member or authorized representative of a member

ESMAEIL BANAEI
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 605, 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]
Signature of Registered Agent