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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : NORTHWEST REGISTERED AGENT LLC

Account Number : 120090000081

: (509)768-2249

Fax Number

: (323)544-4790

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE ARVYN TECHNOLOGIES INC

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0. statement of change is submitted for a corporation org in order to change its registered office or regi	anized under the laws of the State of Florida
ADVAN TEO	HNOLOGIES INC
F4 Court Main	Avenue, Suite #312
2. The principal office address: 51 South Waln A	
Oleatwater, i c.	33103
3. The mailing address (if different):	
4. Date of incorporation/qualification: 04/23/201	2 Document number: P12000030588
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resigned)	
Siddaiah Thota	
3534 Hampshire Ct. Apt. #	‡201 2
Palm Harbor, FL 34685	SECR ALLE
6. The name and street address of the new registered as (if changed):	(A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C
NORTHWEST REGISTERS	ED AGENT, LLC.
3030 N. Rocky Point Dr. ST	
	OT acceptable C. C. C.
Tampa, FL 33607	· ·
The street address of its registered office and the street as changed will be identical.	et address of the business office of its registered agent,
Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been re-	ed by its board of directors or by an officer so notified in writing of the change.
1580ta	Siddaiah Thota - President
Signature of an officer or director	Printed or typed name and title
I hereby accept the appointment as registered agent a further agree to comply with the provisions of all stoperformance of my duties; and I am familiar with and agent. Or, if this deciment is being filed merely to rehereby confirm that the corporation has been notified	md agree to act in this capacity. atutes relative to the proper and complete I accept the obligation of my position as registered effect a change in the registered office address, I I in writing of this change.
	March 28th, 2013
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Dan Keen - Manager	<u> </u>
Typed or Printed Name	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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