837219

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	()
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500257897495

03/19/14--01021--008 **35.00

AUGWARLE TO A BASINESS CONTRACTOR AND SHORT OF THE CONTRACTOR OF THE CONTR

RA ROCH8



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: March 17, 2014

Order#: 047899-038

Re: TECH PRODUCTS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Alex Smetana

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation i r to change its registered office or t	organized under the la	rws of the State of DE	
1. The name of t	the corporation: TECH PRODUCTS	S, INC.		
	office address: DRIVE, VESTAL NY 13850			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 10/19/1976	Document	number: 837219	
	I street address of the current registe tment of State: (If resigned, enter re		ed office on file with the	
	WEST FLORIDA DISTRIBUTORS	S - TRACEY FISH		
	4500 CARMICHAEL AVE.			
	SARASOTA	FL	34234	7
6. The name and (if changed):	I street address of the new registere	d agent (if changed) ar	nd /or registered office	14 24 19
	Corporation Service Company			
	1201 Hays Street			
P.O. Box NOT acceptable				
	Tallahassee	FL	32301	
The street addre	ess of its registered office and the s be identical.	street address of the bu	usiness office of its registe	ered agent,
Such change was authorized by !!	as authorized by resolution duly ad ne board, or the corporation has be	opted by its board of en notified in writing	directors or by an officer softhe change.	so
	Dona Priebe, Vice President Secutive of an outcer or director Printed or typed name and title			
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with its document is being filed merely to that the corporation has been notion Service Company	ent and agree to act in Il statutes relative to th	this capacity. he proper and complete	istered ess, I
By: Dra	co Cokubia	03/12/2014		
	nature of Registered Agent		Date	_
If signing on be	half of an entity:			
	Assistant Vice President			
T	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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