F08000000370

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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALLAHASSEF OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TTI TECHNOLOGIES INTERNATIONAL, INC.

Name of Corporation

Name of Corporation

 $_{
m DOCUMENT \, NUMBER}$ F08000000370

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:

JODY CROWLEY

Name of Contact Person

CORPORATE SERVICE BUREAU INC.

. Firm/Company

283 WASHINGTON AVENUE

Address

ALBANY NY 12206

City/State and Zip Code

jvc@corporatebureau.com

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

For further information concerning this matter, please call:

JODY CROWLEY

,518 463-855(

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

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Fla organized under the laws of the Sta registered agent, or both, in the Sta	te of NEW YORK
1. The name of t	he corporation: TTI TECHNO	OGIES INTERNATIONA	L, INC.
	office address: 483 TENTH A	VENUE SUITE 425	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 01/25/20	08 Document number: FC	8000000370
	street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on tesigned)	file with the
	CORPORATE SERVICE	BUREAU INC.	
	515 E. PARK AVE.		
	TALLAHASSEE FL 3230	1	
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or register	
	CORPORATE SERVICE	BUREAU INC.	SAR 2
	1540 GLENWAY DRIVE		S D C
	TALLAHASSEE FL 3230	x NOT acceptable	D 1: 04
The street addre	ss of its registered office and the s be identical.	treet address of the business office	<i>-</i>
Such change wa authorized by th	s authorized by resolution duly ad e board, or the corporation has be	opted by its board of directors or ben notified in writing of the change	y an officer so e.
		STEVEN BLIDNE	R, PRESIDENT
I hereby accept I further agree to performance of	o comply with the provisions of al my duties, and I am familiar with a	Printed or typed name int and agree to act in this capacity I statutes relative to the proper and and accept the obligation of my pooreflect a change in the registered fied in writing of this change.). d complete sition as registered
Sign	nature of Registered Agent	Date	
If signing on be	nalf of an entity:		
Ту	rped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILLAHASSEE, FL 32314 CR2E045 (03/12)

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