## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for fulle annual report mailings. Enter only one email address please.\*\* Email Address:\_

## REGISTERED AGENT CHANGE STAGE TECHNOLOGIES INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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JIII. 2/7/2014

## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJ			
	Name of Corporation		
DOC	F10000000598  JMENT NUMBER:		
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	•		
	Ausha Arnold		
	Name of Contact Person		
	CT Corporation		
	Firm/Company		
	8040 Excelsior Drive, Suite 200		
	Address		
	Madison, WI 53717		
City/State and Zip Code			
	robertay@rockitcargo.com		
	E-mail address: (to be used for future annual report notification)		
Por fu	ther information concerning this matter, please call:		
	Name of Contact Person Area Code & Daytime Telephone Number		
Enclos	ed 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		

CR2E045 (03/12)

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

statement of ch	range is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Statutes, this canized under the laws of the State of Nevada Istered agent, or both, in the State of Florida.	
1. The name of	the corporation: STAGE TECHNOLOG	IBS INC.	
2. The principa	d office address: 6651 SCHUSTER STRE S, NV 89118		
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 02/04/2010	Document number: F10000000598	
5. The name an		d agent and registered office on file with the	
	PARACORP INCORPORATED	A ST	
	236 EAST SIXTH AVENUE	### FB	-
	TALLAHASSEE, FL 32303	SSE -	i
6. The name an (if changed):		gent (if changed) and /or registered office	
	C T Corporation System		
	c/o C T Corporation System, 1200 South	Pine Island Road	
		OT acceptable	
	Plantation, Florida 33324	<del></del>	
The street addr as changed will	ress of its registered office and the street lbe identical.	et address of the business office of its registered agent,	
Such change wanthonized by t	as authorized by resolution duly adopt he board, or the corporation has been r	ed by its board of directors or by an officer so not find in writing of the change.	
Delhu	, bhl	Time or type of types name and little	
I hereby accept I further agree performance of agent. Or, if th hereby confirm		Printed or typed name and bild  and agree to act in this capacity.  atures relative to the proper and complete i accept the obligation of my position as registered effect a change in the registered office address, i in writing of this change.	
By:	noration System	02/06/2014	
If signing on be	chalf of an entity:	Date	
Danijela Byers,	•		
	ypod or Primed Name		
	* * * FILING F	TEE: \$35.00 * * *	

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

FL006 - 05/20/2013 Walters Klower Collins

CR2E045 (03/12)