## F11000002656

(Re	equestor's Name)	· · ·		
(Address)				
(Ad	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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## **COVER LÉTTER**

TO: Amendment Section Division of Corporations

SUBJECT: ViaTech Technologies, Inc.

Name of Corporation

DOCUMENT NUMBER

F11000002656

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:

Frank A. Sola

Name of Contact Person

ViaTech Technologies, Inc.

Firm/Company

1136 Ashbourne Circle

Address

Trinity, FL 34655-7103

City/State and Zip Code

franksola@elicense.com

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

For further information concerning this matter, please call:

Frank A. Sola

,,508 \878-5889

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	provisions of sections 607.0502, 617.050 nge is submitted for a corporation orgar r to change its registered office or regist	nized under the laws of the State	of Delaware
	he corporation: ViaTech Technolo	C	
	office address: 1136 Ashbourne C		-7103
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 6/28/2011	Document number: F11	000002656
	street address of the current registered a tment of State: (If resigned, enter resigned		e with the
	Frank A. Sola		
	1036 Ashbourne Circle		
	Trinity, FL 34655-7103		<b>‡</b>
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered	
	Frank A. Sola		- [] 유
	1136 Ashbourne Circle		
	P.O. Box NOT Trinity, FL 34655-7103	acceptable	
The street addre	ss of its registered office and the street be identical.	address of the business office o	f its registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	by its board of directors or by tified in writing of the change.	an officer so
T Allu Signatur	e of an officer or director	Frank A. Sola, Preside	
I further agree t	the appointment as registered agent an ocomply with the provisions of all stat my duties, and I am familiar with and a s document is being filed merely to reflect the corporation has been notified i	utes relative to the proper and c	complete tion as registered ffice address, I
Kenup	V A Sala	06/25/2014	
If signing on bel	nature of Registered Agent	Date	
Tv	rped or Printed Name		

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