

	questor's Name)				
(Ad	dress)				
	dress)				
(City/State/Zip/Phone #)					
PICK-UP		MAIL			
	siness Entity Narr	le)			
(Do	ocument Number)	<u>.</u>			
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
<u> </u>	Office Use Onl	у			

.



02/07/18--01013--027 **35.00



34

COVER LETTER



TO: Amendment Section **Division of Corporations**

Change of Registered Agent SUBJECT Name of Corporation

Ϋ́́ DOCUMENT NUMBER

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:

Kimberly Davis	
Name of	Contact Person
Tech Ed Solutio	ons, Inc.
Firm	n/Company
300 N New York	Avenue, Unit 1763
	Address
Winter Park, FL	32789
City/Stat	te and Zip Code
info@techedsolu	itions.org

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

For further information concerning this matter, please call:

Kimberly Davis

Name of Contact Person

347 559-7154 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** GO 2661 Executive Center Circle Tallahassee, FL 32301 ŕ, j **r** æ

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>New York</u> _________ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tech Ed Solutions, Inc.

2. The principal office address: 300 N. New York Avenue Unit 1763, Winter Park, FL 32789

3. The mailing address (if different): PO Box 1763

Winter Park, FL 32790

4. Date of incorporation/qualification: <u>6/22/2016</u> Document number: FIBDC

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Florida Realty Investments

3451 Technological Avenue, Suite 11

Orlando, FL 32817

6. The name and street address of the new registered agent (if changed) and /or registered of the first (if changed):

Kimberly Davis	1			i T
300 N. New York Avenue, Unit 1763	<u>*</u>		₽	C
P.O. Box NOT acceptable				
Winter Park, FL 32789		A	8	

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

ignature of an

Kimberly Davis

Printed or typed name and title

I herefy accept the uppointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Registered Agent ienáture o

If signing on behalf of an entity: Kimberly Davis

Typed or Printed Name

1/11/2018

Date

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

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