## F48327

. (Requestor's Name)						
(Address)						
(Address)						
(City/State/	Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document	Number)					
Certified Copies C	ertificates of Status					
Special Instructions to Filing Officer:						

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## **COVER LETTER**

TO:	Amendment S Division of C	Section orporations					
SUBJ	ECT:	TECHNOC Name of	HEM, IN	IC.			
DOC	UMENT NUMI	BER:	F4832	7			
The e	nclosed Stateme	nt of Change of Registered Of	fice/Agent	and fee are subn	nitted for filing.		
Please	return all corre	spondence concerning this mat	tter to the fo	ollowing:			
		Wer Name of A	ndy Rea Contact Per	Ton.			
		Name of C	Contact Per	SOII			
	National Registered Agents. Inc.						
		Firm/	Company				
	11600 College Blvd, Suite 210						
		A	ddress				
	Overland Park, KS 66210 City/State and Zip Code						
		City/Suite	una zip C	o <b>uc</b>			
	<del></del>	info@ mail address: (to be used fo	nrai.com	nual report not	rification)		
	L	man address. (to be asea to	i idiaic un	maar report no			
For fu	orther informatio	n concerning this matter, pleas	se call:				
		Wendy Rea	at (	800)	550-6724		
	Name	of Contact Person	A	rea Code & Day	rtime Telephone Number		
Enclo	sed is a \$35,00 c	check made payable to the Dep	partment of	State.			
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations ling ive Center Circle		

TO:

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

statement of ch	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Florid d under the laws of the State o d agent, or both, in the State o	f Florida	·
1. The name of	f the corporation: TECH	NOCHEM, IN	1C.		
	al office address: 270 M/	ALIBAR RD. SV	V #119		
3. The mailing	address (if different):				
4. Date of inco	rporation/qualification:	09/22/1981	Document number:	F48327	7
	nd street address of the cur artment of State: (If resign		at and registered office on file	with the	
	KINGSLEY, DAVI	D J			
		<u> </u>			
	PLANTATION FL:	33322		ا ان	SECH VISION
6. The name an (if changed):		w registered agent (i	if changed) and /or registered of	_	FILED STARY OF S
	NRAI Services, I	nc.		、	e RA
	515 East Park Ave			;	<b>6</b>
	Tallahassee, FL 3	P.O. Box NOT ac 2301	ceptable		
· <del>=</del>	ress of its registered office Il be identical.	ce and the street add	dress of the business office of		agent,
authorized by	the board, or the corpora	tion has been notifi	y its board of directors or by a ed in writing of the change.		
Melya	ure of an officer or director		Michael R. Palmer	Presidente	<u>dent</u>
I hereby accep I further agree of my duties, a document is be corporation ha NRAL Servic	It the appointment as reg to comply with the provind I am familiar with an ing filed merely to reflect is been notified in writing	istered agent and a isions of all statute d accept the obliga ct a change in the re g of this change.	ngree to act in this capacity. s relative to the proper and co tion of my position as registe egistered office address, I her	omplete perfoi red agent. Or reby confirm t	rmance ; if this hat the
by: While	gnature of Registered Agent	<u> </u>	Date		-
If signing on b	ehalf of an entity:				
Wendy	Rea, Assistant Secre	etary			
	Typed 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 \* \* \*