L01000001875

(Re	questor's Name)	
677 Griffin R Chipley, FL 3		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	
(Do	cument Number)	
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: <u>Tel-Con Technical S</u>	ELVIC	جج
2. The mailing address of the limited liability company is: 677 6757	Road	<u>k</u> .
2 2 c LOI CC COO 18 3. Date of filing/registration in Florida 4. Document number	75	
 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records 	of the	
Florida Department of State: Jennifer Powell Name 2151 Bradford St. Address Clearwater, FL 33760 City, State and Zip	5. the	
6. The name and address of the new registered agent and/or office:		
Florida street address (P.O. Box NOT acceptable) Chipley FL 32428 City, State and Zip	OS KOV -4 AN 9:	
If the limited liability company is not organized under the laws of the State of Florida, it is if exconfirmed that after the change or changes are made, the Florida street address of the registered and the business office of the registered agent will be identical. Or, in the case of a Florida lin liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmathe members of the limited liability company or as otherwise provided in the articles of organithe operating agreement of the limited liability company.	ed office nited tive vote o	ì
(Signature of a member of all provided representative of a member)		
George D. Powell (Printed or typed-name of signec)		care
I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe comply with the provisions of all statutes relative to the proper and complete performance of it and familiar with and accept the obligations of my position as registered agent as provided that they have a change in the register of the provided to merely reflect a change in the register of the provided to make the change in the register of the provided to the provided to make the change in the register of the provided to the p	er agree to my duties, led for in led office s change.	ŧ.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

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