010000 11554

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
(,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

.



61-21/21 -0.611 -021 (##11.01



Office Use Only

COVER LETTER

TO: Registration Section

Division of Corporations

Technomedia Solutions, LLC
SUBJECT:

4

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keyona Hopkins

Name of Person

Agile Legal

Firm/Company

651 N. Broad St., Ste. 308

Address

Middletown, DE 19709

City/State and Zip Code

Compliance@agilelegal.com

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

For further information concerning this matter, please call:

Keyona Hopkins	302- at (376-6710	
Name of Person		Area Code & Daytime Telephone Number	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	

Enclosed is a check for the following amount:

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

r'

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

(a)	4545 36TH ST	(b)	4545 36TI	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability compan (<u>Note: MAY BE POST OFFICE BOX</u>)
	Orlando, FL 32811		Orlando, F	L 32811
				Document number
(a)	Date of filing/registration in Florida CORPORATE CREATIONS NETWORK, INC.	4.		Document number
(a)	Registered Agent and Registered Office shown on the records of 801 US HIGHWAY 1	the Florida	Dept, of State	•
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>		
	Registered Office Address (MUST BE FLORIDA STREET			
(b)				
(b)	NORTH PALM BEACH, FI	33408		- - - -
(b)	NORTH PALM BEACH, FI Universal Registered Agents, Inc.	33408		· · ·
(b)	NORTH PALM BEACH, Fl Universal Registered Agents, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	33408		· · · ·

Keyona Hopkins Signature of a member or authorized representative of a member

Keyona Hopkins Printed or typed name of signee

I hereby accept the appointment 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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Keyona Hopkins

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00