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(R	equestor's Name)	
(A	ddress)	
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(C	city/State/Zip/Phone #)
PICK-UP	WAIT	MAIL.
(<u>e</u>	Business Entity Name)
(C	Oocument Number)	
Certified Copies	Certificates o	f Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Telephus Name of Lir	Jechnologies LLC nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Perry West Name of Person	
Firm/Company	
P.O. Bay 427	ن ا ت
CUCOA FL 32	P23
City/State and Zip Code	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please of	rall:
Perry West	321, 6365804
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	t:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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

1. Name of the limited liability company: Telephus Technologies LLC	
2. (a) 505 BREWARD AVE (b) DO. Box 427	
Principal office address of limited liability company: Mailing address of limited liability compa	•
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Suite 104 COCOA FT 32	923
COLOR FL 3290-2	
4/12/02	
3 Date of filing/registration in Florida 4. Document number	_
5. (a) WEST, PERRY D. ESQ	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
215 S. Rwerside DR Sute 12	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
COCOA F- 32922	
p · · ·	
, FL	
(p)	,
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
S S S S S S S S S S S S S S S S S S S	
505 BREVARD AUC	
NEW Registered Office Address:	
Suite 104	
Cocon ,FL 2; 2977	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that a	fter
the change or changes are made, the Florida street address of the registered office and the business office of the reg	istered
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide	e(s) ed in
the articles of organization or the operating agreement of the limited liability company.	
Signature of a member or authorized representative of a member 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has be written as the charge in the registered of the reg	ith the accept g filed
notified in Tkiting of this change.	veen
Signature of Registered Agent	