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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations		
Tech Benders, LLC SUBJECT:		
<u> </u>	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Karen Fredricks		
Name of Person		
Tech Benders, LLC		
Firm/Company		
2871 N Ocean Blvd, V549		
Address		
Boca Raton, FL 33431		
City/State and Zip Code	e	
karen@teehbenders.com		
E-mail address; (to be used for future a	annual report notification)	
For further information concerning this matt	ter, please call:	
Karen Fredricks	561 470-5450 x1 at ()	
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 Talłahassee, FL 32303	
Enclosed is a check for the followi	ng amount:	
☑ \$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. 8	Jame of the limited liability company: Tech Benders, I		
2. (a	·	(b)	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2871 N. Ocean Blvd, V549	287	I.N. Ocean Blvd, V549
	Boca Raton, FL 33431	Boc	a Raton, FL 33431
	11/26/2002	L0200	00031890
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Karen Fredricks		(7)
	Registered Agent and Registered Office shown on the records of Karen Fredricks	the state of the s	
	Registered Office Address (MUST BE FLORIDA STREE) 23438 Alzira Circle	AUG 16 AM	
	Boca Raton	FL 33433	D F STATE
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		
	NEW Registered Office Address:		
	2871 N. Ocean Blvd., V549		
	Boca Raton F	-L_33431	
chang agent was/w the ar	limited liability company is not organized under the lactor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lacere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ne registered offi liability compan s of the limited li	ice and the business office of the registered y, it is hereby confirmed that the change(s) iability company or as otherwise provided in y company. Iricks
_	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei	cby accept the appointment as registered agent and age sions of all statutes relative to the proper and complete digations of my position as registered agent as provid wely reflect a change in the registered office address, l and in writing of this change.	gree to act in thi e performance o led for in Chapte I hereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been
Signat	ure of Registered Agent		