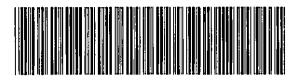
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COVER LETTER

iability Company
fee(s) are submitted for filing.
following:

ication)
) 215 - 0320 Area Code & Daytime Telephone Number
Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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INHS18 (2/14)

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.

	ame of the limited liability company: MKB Technology LLC 650 Technology Park Lake Mary Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) FL 32746 (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida 4. Document number ABDI NADIA Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 650 Technology Park FL 30746 Enter Jame of NEW Registered Agent and/or NEW Registered Office address: 650 Technology Park FL 30746 Sobhraj Sarb NEW Registered Office Address: 650 Technology Park
change agent was/w the art	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the e or change, are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company. Mahi Abi Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept lightions of my positional registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed off reflect a change of the registered office address. I hereby confirm that the limited liability company has been it in writing of this chapter.

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00 !NHS18 (2/14)