-· L0400006538

(Requestor's Name) (Address)	000 <u>30</u> 4134130
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	10/13/1701024006 *•25.00
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COVER LETTER

TO: Registration Section Division of Corporations				
TechSmart Media, LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning the	is matter to the following:			
Joshua Rodrigue				
Name of Person				
Firm/Company				
2614 Tamiami Trail N #421				
Address				
Naples, FL 34103				
City/State and Zip Code				
josh@techsmartmedia.com				
E-mail address: (to be used for future ann	nual report notification)			
For further information concerning this matter,	please call:			
Joshua Rodrigue	337 380-0953			
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:				
2 \$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. Na	me of the limited liability company: TechSmart Med	dia, LL	.C	
2. (a)	2430 Vanderbilt Beach Rd.	(b)	2430 Var	nderbilt Beach Rd.
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. ,,,,		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 108-503	_	Suite 108	3-503
	Naples, FL 34109	_	Naples, F	FL 34103
	09/09/2004	ı	_0400006	6538
3.	Date of filing/registration in Florida	4.	i	Document number
5. (a)	Joshua Rodrigue			$\bar{\mathcal{A}}_{\mathcal{S}}$
J. (4)	Registered Agent and Registered Office shown on the records of the 8951 Bonita Beach Rd.	e Florida	Dept. of State:	EGINE TARY
	Registered Office Address (MUST BE FLORIDA STREET AD Ste 525-293	DDRESS)	!	13 A
	Bonita Springs, FL_3	4135		AM 7- S.
(b)	Joshua Rodrigue			DA W
` '	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	lress:	
	2614 Tamiami Trail N			
	NEW Registered Office Address:	_		
	Ste 421			
	NaplesFL_3	4103		
the cha agent v was/we the arti Siena Uteren the obli to mere	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the liability accept the appointment as registered agent and agreed ones of all statutes relative to the proper and complete points of all statutes relative to the proper and complete points of my position as registered agent as provided by reflect a change in the registered office address, I he I'm writing of the change.	he regis pility co the lim mited li e to act erforma for in C	in this capa in this capa in this capa ince of my a hapter 605.	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee with the luties, and I am familiar with and accept F.S. Or, if this document is being filed.
Signatu	re a registered Agent			
	Division of Corporations • P.O. Bo	ox 6327	• Tallahass	see, FL 32314

FILING FEE: \$25.00