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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECONDANSSEE, FLORIDA

J. BRYAN

OCT 2 5 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Microdiva and Techs LLC 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:		
Karen Martella Name of Person		
Microdiva and Techs LLC Firm/Company		
319 Kirk Caldy Dr Address Winter Springs 72 32708 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Karen Martella at (407) 341.3482 Name of Person at (407) 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:		
\$25 Filing Fee \$\times \text{S55 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 608.416 or 608.508, 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: Micro	diva & Techs LLC	
2. (a) Principal office address of limited liability company	: Karen Martella	
(Note: MUST BE STREET ADDRESS)	319 Kirkcaldy Dr winter springs FL 32708	
(b) Mailing address of limited liability company:	Karen martella	
(Note: MAY BE POST OFFICE BOX)	319 Kirk Caldy Dr Winter Springs R 32708	
10-21-10	L05000022846	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Karen Martella	
Registered Office Address:	Microdiva & Techs UC 604 Murphy Rd Worter Springs 72 32708	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	same as above	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	319 Kirkcaldy Dr Winter Springs, FL 32708	
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other 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 a comply with the provisions of all statutes relative to the province of the province o	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization	
Signature of Registered Agent		