L06000000784

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
PICK-UP W	AIT MAIL
(Business Er	ntity Name)
(Document N	lumber)
Certified Copies Cel	rtificates of Status
Special Instructions to Filing Officer:	
ΔΙ	LINT

JAN 14 2010

EXAMINER

Office Use Only



700163645347

01/13/10--01024--018 **25.00

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sena-Tech, Name of Limite	ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this i	matter to the following:	
Skve Terry Name of Person Sena-Tech, Lice Firm/Company 1767 S. Patrick Srive S. Address Indian Harbour Deh, FL 329 City/State and Zip Code Skry@ Sena- tech. Con E-mail address: (to be used for future annual report notificat	TALLAHASSEE, FLORIDA	
For further information concerning this matter, ple	lease call:	
Steve Ferry at (321 794-5372	
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:		
\$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 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:	a-Tech	
2. (a) Principal office address of limited liability compar	y: 1767 S. Patrick Price	
(Note: MUST BE STREET ADDRESS)	Ste B Indian Harbour Beh. FL 32937	
(b) Mailing address of limited liability company:	SAME TARE TO THE TARE TO THE TARE TO THE TARE TH	
(Note: MAY BE POST OFFICE BOX)	AHASS	
1/23/2006	106 00000 1847 € IM	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	The second secon	
Registered Agent:	Ere Hunds	
Registered Office Address:	5036 Dr. Phillips Blod,	
	Orlando, FL 32819	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	Greve Terry	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1967 South Patrick D/18e Swife B Indian Harborn Beh FL 32937	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited	
Signature of a member or authorized representative of a member		
Steve Terry Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my p Chapter 608 FS. Or, if this document is being filed to maddress, I hereby confirm that the limited trability company	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent