

LO6000053891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

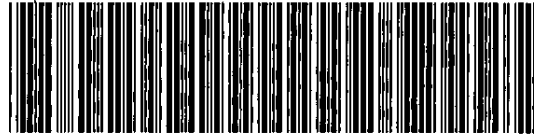
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG 15 AM 10:11

T. Hampton AUG 15 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Technology Innovation Advisors 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:

Rebecca Bohms
(Name of Person)

701 S. Howard Ave., Ste 106-404
(Firm/Company)

(Address)

Tampa, FL 33606
(City/State and Zip Code)

For further information concerning this matter, please call:

~~Rebecca~~ Eric Bohms at (813) 732-6187
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2007

REBECCA BOHMS
701 S HOWARD AVE
STE 106-404
TAMPA, FL 33606

SUBJECT: TECHNOLOGY INNOVATION ADVISORS
Ref. Number: W07000038377

RECEIVED
07 AUG 15 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TECHNOLOGY INNOVATION ADVISORS and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Document Specialist
Registration/Qualification Section

Letter Number: 207A00048467

Note Changes - Thank You (RB)

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. (RB)

1. The name of the limited liability company is: Technology Innovation Advisors, LLC

2. The mailing address of the limited liability company is: 701 S. Howard Ave.

Ste. 106-404, Tampa, FL 33606

4/27/07 5/25/06 (RB)

3. Date of filing/registration in Florida

1932333 106000053891

4. Document number (RB)

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

United States Corp. Agents Inc. Legal Zoom, Inc.
Name
1111 Lincoln Rd.,
Address
Ste 400
Miami Beach, FL
33139
City, State and Zip

6. The name and address of the new registered agent and/or office:

Rebecca Bohms

Name

2515 W. Morrison Ave.

Florida street address (P.O. Box NOT acceptable)

Tampa, FL 33629

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

ERIC Bohms
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

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

FILING FEE: \$25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG 15 AM 10:11