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(Requestor's Name)							
(Address)							
(Address)							
(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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COVER LETTER

то:	Registration Section Division of Corporations								
SUBJ	TEC WORKS, LLC								
	Name of Limited Liability Company								
Dear S	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:									
JB R	отн								
	Name of Person								
ROT	H LAW FIRM PL								
	Firm/Company		_						
6100	GREENLAND RD., SUITE 604								
	Address								
JAC	KSONVILLE, FL 32258								
	City/State and Zip Code								
JB@	ROTHLAWFIRM.NET								
E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
JB R	отн	904	595-7900						
	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	Re Di P.	alling address: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314						
	Enclosed is a check for the following amount:								
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy						

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.

1. Na	ame of the limited liability company: TEC WORKS	, LLC			
2. (a)	118 WEST ADAMS STREET	(b	118 WE	ST ADAMS STREET	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SUITE 400	(0	· 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) .00	
	JACKSONVILLE, FL 32202		JACKSC	DNVILLE, FL 32202	
	02/18/2008		L0800001	17402	
3.5. (a)	Date of filing/registration in Florida ROTH LAW FIRM PL	4.		Document number	
J. (4)	Registered Agent and Registered Office shown on the records of to 234 CANAL BLVD	he Florida	Dept, of State	::	
	Registered Office Address (MUST BE FLORIDA STREET A SUITE 2	IDDRESS	1		
	PONTE VEDRA BEACH .FL	32082	2082 2 2		
(b)				TILLED ZOIT AUG ILL PH Z ZALLAHASSEE.FI	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			STE P	
	6100 GREENLAND ROAD				
	NEW Registered Office Address: SUITE 604				
	JACKSONVILLE	32258			
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regisability confitted limited l	stered office ompany, it is lited liability liability com	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member	-	- IN B ROT	Printed or typed name of signee	
I here provisi the obl to mer	by accept the appointment as registered agent and agri- tions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	ee to act perform I for in (iereby co	in this cape ance of my o Thapter 605 onfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept . F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re of Regulatered Agent				