

LD8000077918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

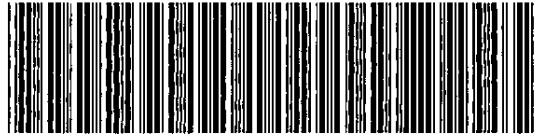
Special Instructions to Filing Officer:

**L. SELLERS**

AUG 14 2009

**EXAMINER**

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**FILED**  
09 AUG 11 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FEDTECHSERVICES, 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:

JULIANA LOPEZ

Name of Person

FEDTECHSERVICES, LLC

Firm/Company

5300 WEST CYPRESS STREET STE 150

Address

TAMPA, FL 33607

City/State and Zip Code

JLOPEZ@FEDTECHSERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIANA LOPEZ

Name of Person

at ( 866 )

462.2813

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

**RECEIVED**  
**AUG 07 2009**  
**CIU REV/ADM**

**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: FEDTECHSERVICES, LLC
2. (a) Principal office address of limited liability company: 5300 WEST CYPRESS STREET S  
☒ (Note: **MUST BE STREET ADDRESS**) 5300 WEST CYPRESS ST STE 150  
TAMPA FL 33607
- (b) Mailing address of limited liability company: 5300 WEST CYPRESS STREET SU  
☒ (Note: **MAY BE POST OFFICE BOX**) 5300 WEST CYPRESS ST STE 150  
TAMPA FL 33607
3. Date of filing/registration in Florida 8/13/2008
4. Document number L08000077918
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: DARNELL MACAPINLAC  
Registered Office Address: 2909 W BAY-TO-BAY BLVD SUITE 500  
TAMPA FL 33629
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** JULIANA LOPEZ  
**NEW Registered Office Address:** 5300 WEST CYPRESS STREET  
**(MUST BE FLORIDA STREET ADDRESS)** SUITE 150  
TAMPA FL 33607

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 of a member or authorized representative of a member

ALLEN NOBLE

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I 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 of Registered Agent

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

FILED  
08 AUG 11 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA