**Division of Corporations Electronic Filing Cover Sheet** 

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APR 10 2012

EXAMINER

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## 412000092764100

## 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: Tech Ambience	e, LLC	<del></del>
2. (a) Principal office address of limited liability compar	ny: 9019 Hampton Land	ing Dr. E.
(Note: MUST BE STREET ADDRESS)	Jacksonville, Florida 32256	
(b) Mailing address of limited liability company:	9019 Hampton Landing Dr. I	5
(Note: MAY BE POST OFFICE BOX)	Jacksonville, Florida 32256	
8/28/2008	L08000082231	
3. Date of filing/registration in Florida	4. Document number	28 6
5. (a) Registered Agent and Registered Office shown or	the records of the Florida D	- 1.00 pt - 20,000 pt/2
Registered Agent:	CAPLAN LAW FIRM, P.A. 6260 DUPONT STATION C	OURT SUITEC
Registered Office Address:	JACKSONVILLE FL 32217	
•		200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office addre	53 y
NEW Registered Agent:	Business Filings Incorporated	1
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 E. Park Avenue	
	Tallahassee	,FL <u>32301</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the hand the business office of the registered agent will be iden 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.  Signifier of a member or authorized representative of a member	Florida street address of the rutical. Or, in the case of a Flor was/were authorized by an articles or provided in the articles	egistered office * orida limited affirmative vote
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 prand I am familiar with and accept the obligations of my particle to the property of the configuration of the province o	agree to act in this capacity. Oper and complete performa Stition as registered agent as erely reflect a change in the r ly has been notified in writing	I further agree to nce of my duties, provided for in egistered office g of this change.
Mark Williams, AVP Business Filings Inco		

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

INHS18 (05/08)

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