L10000006499

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C. LEWIS MAY -2 2011 **EXAMINER**

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: M5 TEK 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:		
Robert Mendoza Name of Person		
M5 TEK Firm/Company		
1095 SW 58 Ave		
Miami, FL 33144 City/State and Zip Code		
RJ & M5 TEK. COM E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Robert Mendoza at (305) 609-0680		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 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 & 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:	TEK LLC
(a) Principal office address of limited liability company	0 - 0 :
(Note: MUST BE STREET ADDRESS)	Miami, FL 33144
(b) Mailing address of limited liability company:	1095 SW 58 AVE
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33144
January 19, 2010 3. Date of filing/registration in Florida	L10000006499
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	United State Corporation Agents Inc
Registered Office Address:	13302 Winding Daks Blvd A-100 Tampa, FL 33612
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Robert Mendoza 1095 Sw 58 Ave
(MUSI DE FLURIDA STREET ADDRESS)	Miami ,FL 33/44
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Robert Mendoza	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	
Signature of Registered Agent	AHE AP TO A T
Division of Corporations, P.O. Box 632	7, Tallallassee, FL 32314 m = 1
FILING FEE: \$2	5.00 III III III

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