

L11000126878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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J. SAULSBERRY  
EXAMINER

SEP 20 2012

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NEO TECHNOLOGY SERVICES, LLC  
Name of Corporation

**DOCUMENT NUMBER:** L11000126878

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MINH TRAN  
Name of Contact Person

NEO TECHNOLOGY SERVICES, LLC  
Firm/Company

815 W BOYNTON BEACH BLVD #11-206  
Address

BOYNTON BEACH, FL 33426  
City/State and Zip Code

MR. QUEO @ gmail. com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MINH TRAN at ( 714 ) 798-4324  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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2012 SEP 19 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: NEO TECHNOLOGY SERVICES, LLC  
2. (a) Principal office address of limited liability company: 815 W BOYNTON BEACH BLVD #11-206  
Boynton Beach, FL 33426  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: same as above  
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: 11/08/2012  
4. Document number: L11000126878

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Registered Office Address:

270 MIRA WAY #108  
ALTAMONTE SPRINGS, FL 32701

MINH TRAN  
~~815 W BOYNTON BEACH BLVD~~  
~~# 11-206~~  
~~Boynton Beach, FL 33426~~

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

MINH TRAN  
815 W BOYNTON BEACH BLVD  
# 11-206  
Boynton Beach, FL 33426

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

KAITLYN TRAN  
Printed or typed name of signee

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

FILED  
SEP 19 AM 8:22  
TALLAHASSEE, FLORIDA  
CLERK OF STATE