L11000126878

(Re	questor's Name)							
(Address)								
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(Cit	ty/State/Zip/Phone	; #)						
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(Bu	siness Entity Nan	ne)						
(Document Number)								
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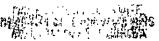


COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: New Technology Services 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:								
Minh Tran Name of Person								
Name of Person								
·								
Firm/Company								
11230 F N								
U330 Fantaing Dr Address								
Lake Worth, FL 33467 City/State and Zip Code								
minh.tran @ motechsucs.com E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Minh Ivan at (7)4) 798-4324 Name of Person Area Code & Daytime Telephone Number								
The court of the c								
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section								
Division of Corporations Division of Corporations								
Clifton Building P.O. Box 6327								
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301								
Enclosed is a check for the following amount:								
\$55 Filing Fee & Certified Copy								
INHS18 (2/14)								



RECEIVED 14 APR 24 PM I2: 07



April 10, 2014

MINH TRAN 4330 FOUNTAINS DR LAKE WORTH, FL 33467

SUBJECT: NEO TECHNOLOGY SERVICES, LLC

Ref. Number: L11000126878

We have received your document for NEO TECHNOLOGY SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you sent in to have filed is for a Florida Corporation. This is a LLC I am sending you the correct documents to file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 414A00007780

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 10/14	4.						
1. Na	me of the limited liability company: Neo Tech	mology	, Serv	ices			
2. (a)	4330 Fountains Dr	(b)	433	0 Fount	ins b	,	
(,	Principal office address of limited liability company:	(-)	M	lailing address of	limited liabili		-
	(Note: MUST BE STREET ADDRESS)		, 0	(Note: MAY BE POST OFFICE BOX)			
	Lake Worth, FL 33467	_	bake	Worth,	FL	334	67
		_					
	01/08/2011	<u>.</u> -	6110	001768	78		<u>.</u>
3,	Date of filing/registration in Florida	4.	_	Document nur	nber		
5. (a)	Minh Tran						
.,	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	:			
					,		
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)					
•	815 W Boynton Beach Blud	1 #11	-20C			141	
	Boynton Beach, FL	22	421			APR	걸음
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					24	
(b)	minh wan			•		70	1, 65 g
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:			PH 11: 4-	
	102 2					<u>-</u> -1	
M	NEW Registered Office Address:						ï
	4350 boundaing Dr						
	Lake Worth ,FL	33	407				
					. ~		^
If the l	imited liability company is not organized under the lavinge or changes are made, the Florida street address of	vs of the S the regist	State of Flo ered office	orida, it is here and the busin	by confirme ess office o	ed that at of the reg	iter istered
agent v	will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of	ability cor	npany, it is	hereby confir	med that th	ie change	(s)
the art	icles of organization or the operating agreement of the	limited li	ability com	ipany.	13 0(1101 11131	, provide	·ω 111
	2		M	Printed or typed	n		
	ture of a member or authorized representative of a member						
I here proviși	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete	ee to act performa	in this capa nce of my o	acity. I further luties, and I ar	r agree to c n familiar v	omply wi with and	th the accept
the obj	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I id in writing of this change.	a jor in C hereby co	napter 603 nfirm that t	, r.s. Ur, if th the limited liab	us aocumen pility compo	u is being any has b	g juea seen
notifie	a in writing of this change.		•				
Signati	re of Registered Agent						

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