L12000053569

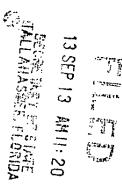
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL				
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PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Dusiless Linky Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

Division of Corporations		
SUBJECT: TECHPERION,LL	_C	
	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
	· ·	
Keith Stewart		
Name of Person		
Techperion,LLC		
Firm/Company		
8061 NW72nd St		
Address		
Tamarac,FL.33321	SEL SEL	
City/State and Zip Code		
Stu245@comcast.net		
E-mail address: (to be used for future annual report not	tification)	
For further information concerning this matter	r, please call:	
Keith Stewart	at (954) 609-7072	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section	
Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

TO: Registration Section

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. Na	ame of the limited liability company: TECHPERION, ILL		
2. (a)	Principal office address of limited liability comparison (Note: MUST BE STREET ADDRESS)	ny: 8061 NW 72 ST Tamarac, FL 33321	
(b)) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	8081 nw 72nd St TAMARAC, FL 33321	
APRIL 2		L12000053509	,
3. Da	ate of filing/registration in Florida	4. Document number	
5. (a	a) Registered Agent and Registered Office shown or	n the records of the Flori	ida Dept. of State:
	Registered Agent:	CORPORARTION SERVICE,CO	OMPANY
	Registered Office Address:	1201 HAYS ST	
		TALLAHASSEE,FL.32301	
	·		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office a	nddress:
	NEW Registered Agent:	KEITH STEWART	一角の
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8061 NW 72ND ST	AHE TP	
	TAMARAC	ディー	
confir and the liabilithe me the op	limited liability company is not organized under the rmed that after the change or changes are made, the ne business office of the registered agent will be ide ity company, it is hereby confirmed that the change embers of the limited liability company or as otherwork agreement of the limited liability company.	Florida street address of ntical. Or, in the case of s) was/were authorized wise provided in the artic	the registered office ; a Florida limited by an affirmative vote of
	STEWART d or typed name of signee	-	
comp and I Chap addre	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the p am familiar with and accept the obligations of my p ter 608, F.S. Or, if this document is being filed to ness, Thereby confirm that the limited liability compa	agree to act in this cape proper and complete per position as registered ag nerely reflect a change it ny has been notified in v	ncity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
	Division of Corporations, P.O. Box of	6327, Tallahassee, FL	32314

FILING FEE: \$25.00

INHS18 (05/08)