To: 18506176383

Page: 1/2

From: Registered Agents Inc.

Fax. 8134365206

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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••	
Email Address:	

LLC REGISTERED AGENT CHANGE THE TECH LAW FIRM, P.L.L.C.

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L N	ame of the limited liability company: The Feen Law Fin	m. P.L.L.C.	
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(<u>Note: MAY BE POST OFFICE BOX)</u>
	10/18/12		00133187
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Meehle, Suzanne D. Esq.		
	Registered Agent and Registered Office shown on the records of	the Florida Dept.	, of State:
	1215 E Concord St		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>	
	Orlando , FI.	32803	73 0
(b	Northwest Registered Agent LLC		2023 DCT 12 PH
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	7901 4th St N		H 6: 08
	NEW Registered Office Address:		200
	STE 300		
	St Petersourg . Fil	33702	
the cl agent was/v the ar	limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited havere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered ability compa of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) fiability company or as otherwise provided in ity company.
<u>/_</u>	Lattire of a member or authorized representative of a member		Printed or typed name of signee
Ther provi the or to me notifi	chy accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change. Taylor Newman - Assistant S	performance d för in Chap hereby confir	is canacity. I further agree to contrib with the