L13000045619

(Re	equestor's Name)						
(Address)							
(Ac	idress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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April 11, 2014

MICHAEL J. COKER APOGEE TECHNOLOGY CONSULTANTS, LLC 2657 WINDMILL PARKWAY #263 HENDERSON, NV 89074

SUBJECT: APOGEE TECHNOLOGY CONSULTANTS, LLC

Ref. Number: L13000045619

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Darlene Connell Regulatory Specialist II

Letter Number: 814A00007900

29th

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations						
SUBJE	Apogee Technology Consul	tants, LLC					
		ne of Limited Liab	oility Company				
Dear Si	ir or Madam:						
The end	closed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the fo	llowing:				
Micha	ael J. Coker						
	Name of Person		-				
Apoge	ee Technology Consultants, LLC						
	Firm/Company		·				
2657	Windmill Parkway #263						
	Address		-				
Hend	erson, NV 89074						
	City/State and Zip Code		-				
mjc@	noyfb.biz						
E	-mail address: (to be used for future ann	ual report notifica	ation)				
For fur	ther information concerning this matter,	please call:					
Micha	nel J. Coker	512 at (922-0582				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi: Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314				
	Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	\$55	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 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. N	ame of the limited liability company: Apogee Te	chnology	Consulta	nts, LLC			<u>-</u>
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		o)	Mailing address ((Note: MAY)	BE POST	<u>OFFIC</u>	EE BOX)
	3030 N. Rocky Point Dr., Suite 150A		3030 N.	. Rocky Poir	nt Dr., S	Suite	150A
	Tampa, FL 33607		Tampa,	FL 33607			
	March 27, 2013		L130000	45619			
3.	Date of filing/registration in Florida	4.		Document no	ımber		
5. (a))						
	Registered Agent and Registered Office shown on the records Andrew Farber, Esq.		a Dept. of Stat	te:			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	<u> </u>	_			
	20283 State Road 7, Suite 300						
	Boca Raton	33498		_		14	
						APR	
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	dress:	_		29	
			<u> </u>		***	72	M
	Registered Agents, Inc.				ورد والسو مو	#: #:	<u> </u>
	NEW Registered Office Address:			_		<u>:</u>	
	3030 N. Rocky Point Dr., Suite 150A			_	•		
	Tampa	_{FL} 33607					
the ch agent was/w the art	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member icles of organization or the operating agreement of the authorized representative of a member of authorized representative of a member of authorized representative of a member of a proposition of the appointment as registered agent and a company the appointment as a company the appoint	of the regis liability cos s of the lim he limited l	stered offic ompany, it i nited liabilit liability cor chael J. C	e and the busi is hereby confi ty company or npany. oker, Manag Printed or type	ness offi irmed that as other ging Med name of	ce of at the wise p embe	the registered change(s) provided in
provis the ob to men notifie	ions of all statutes relative to the proper and completions of all statutes relative to the proper and completing tions of my position as registered agent as provicely reflect a change in the registered office address, with criting of the change.	le perform ded for in (I hereby c	ance of my Chapter 60. onfirm that	duties, and I duties, and I do 5, F.S. Or, if the limited lid	n agree im famili his docu ibility co	iar wi ment mpan	th and accep is heing filed y has been
Sign	ure of Registered Agent						