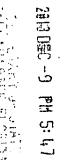
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: AMFAL TECH LL Name of L	_C .imited Liability Company	
Dear Sir or Madam:	, ,	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitte	ed for filing.
Please return all correspondence concerning to	this matter to the following:	
EAL CLIMI CLIMI		
FALGUNI SHAH		
Name of Person		
AMFAL TECH LLC		•
Firm/Company		
1073 WILLA SPRINGS DR, SU	JITE 2057	2913 DEC-
Address		63 <b>6</b>
WINTER SPRINGS, FL	- 32708	PH 5: 47
City/State and Zip Code		4
INFO@AMFALTECH.CO	MC	
E-mail address: (to be used for future annual report no	otification)	
For further information concerning this matter	er, please call:	
FALGUNI SHAH	at (407 ) 401-9059	
Name of Person	Area Code & Daytime Telephe	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followin	g amount:	

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## 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. N	Jame of the limited liability company: AMFAL TECHLLC				
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		4070 MILLA CODINGO DEL CUITO 0057			
		WINTER SPRINGS, FL - 32708	2007		
	(Note: MUST BE STREET ADDRESS)	7747ER 37 101433, 1 C - 32703			
(1	S. N. 2. 191				
(b) Mailing address of limited liability company:		1073 WILLA SPRINGS DR, SUITE 2057			
	(Note: MAY BE POST OFFICE BOX)	WINTER SPRINSG, FL - 32708			
			P-2		
4/3/20		L13000049228	字: 2		
3. L	Date of filing/registration in Florida	Document number	$\subseteq$	["]	
5. (	(a) Registered Agent and Registered Office shown on the	he records of the Florida	a Dept. of State:	-	
	Registered Agent:	FALGUNI SHAH	The second	(1)	
	rogistorou rigorit.		144		
	Registered Office Address:	1032 CHATHAM PINES CIR, APT	110 📆 📆	<u> </u>	
	_	WINTER SPRINGS, FL - 32708			
			120		
	NEW Registered Agent:	FALGUNI SHAH	<b>○□</b> ••••••••••••••••••••••••••••••••••••		
	NEW Registered Office Address:	1073 WILLA SPRINGS DR,			
	(MUST BE FLORIDA STREET ADDRESS)	SUITE 2057,	<del> </del>		
		WINTER SPRINGS	,FL 32708		
conf and i liabi the r	e limited liability company is not organized under the later that after the change or changes are made, the Flothe business office of the registered agent will be identified to company, it is hereby confirmed that the change(s) members of the limited liability company or as otherwise operating agreement of the limited liability company.	orida street address of the cal. Or, in the case of a was/were authorized by	ne registered offi Florida limited an affirmative v	vote of	
Signa	ture of a member or authorized representative of a member	•			
	UNI SHAH ed or typed name of signee				
	· · · · · · · · · · · · · · · · · · ·				
i he com and Cha addi	reby accept the appointment as registered agent and ag ply with the provisions of all statutes relative to the pro I am familiar with and accept the obligations of my pos pter 608, F.S. Or, if this document is being filed to mer ess, I hereby confirm that the limited liability company	ree to act in this capaci per and complete perfoi ition as registered agen ely reflect a change in t has been notified in wr	ity. I further ag rmance of my di it as provided fo he registered of iting of this chai	ree to ities, r in fice nge.	

Signature of Registered Agent