

Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.  
Account Number : I20160000048  
Phone : (800)345-4647  
Fax Number : (800)432-3622

SECRETARY OF STATE  
TALLAHASSEE, FL

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**LLC REGISTERED AGENT CHANGE  
TECHNOMAD, LLC**

Certificate of Status	0
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C. BRUMBLEY

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Electronic Filing Menu

Corporate Filing Menu

Help

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

1. Name of the Limited Liability Company: TECHNOMAD, LLC

2. (a) 9132 STRADA PLACE SUITE 200 (b) 9132 STRADA PLACE SUITE 200  
Principal office address of limited liability company Mailing address of limited liability company  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

NAPLES, FL 34018

NAPLES, FL 34018

3. 8/16/2013 4. L13000116197  
Date of filing/registration in Florida Document number

5. (a) MALTY, RICHARD  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

5801 SW 89 DR

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

GAINESVILLE FL 32608

(h) Capitol Corporate Services, Inc.

Enter name of NEW Registered Agent and on NEW Registered Office address

515 East Park Avenue 2nd Fl

NEW Registered Office Address

Tallahassee FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

DAVID HOARER, GENERAL COUNSEL  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

Brian Radecki, Assistant Secretary on  
behalf of Capitol Corporate Services, Inc.

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

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