

L1400000 17597

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Ro Change

SEP - 9 2014

T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Networked Technology LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tomer Gazar Mann

Name of Person

Networked Technology LLC

Firm/Company

5303 Clouds Peak Dr

Address

Lutz FL 33558

City/State and Zip Code

mann.tommy@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tomer Gazar Mann

Name of Person

at (*813*) *294-9492*

Area Code & Daytime Telephone 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 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. Name of the limited liability company: Networked Technology LLC

2. (a) 1332 NE 16th Ave #2 (b) 1332 NE 16th Ave #2

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Fort Lauderdale FL 33304

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Fort Lauderdale FL 33304

01/31/2014

L14000017597

3. Date of filing/registration in Florida

4. Document number

5. (a) GAZAR MANN, TOMER

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1332 NE 16TH AVE. #2

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

FORT LAUDERDALE, FL 33304

(b) 5303 Clouds Peak Dr. Lutz FL 33558

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

5303 Clouds Peak Dr.

NEW Registered Office Address:

Lutz, FL 33558

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TALLAHASSEE, FLORIDA
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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.

Tomer Gazar Mann

Signature of member or authorized representative of a member

Tomer Gazar Mann

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.

Tomer Gazar Mann

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00