Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Electronic Filing Menu Corporate Filing Menu

Help

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. Na	ime of the limited liability company: RAPID E	LECT	RONIC TEC	'H FFC			
2. (a)							
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)				
	7901 4th St N STE 300		901 4th St N S	TE 300			
	St. Petersburg FL 33702	<u>S</u>	St. Petersburg FL 33702				
	05/13/2014	L1	4000077550				
3.	Date of filing/registration in Florida	4.	Document i	number			
5. (a)	ATLAS ACCOUNTING & INTERNATIONAL	CONSUL	TIN				
3. (a)	Registered Agent and Registered Office shown on the records of						
	1417 S. Burgandy Trail						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	JACKSONVILLE, FI	32259		TEARS T			
(b)	Registered Agents Inc.			APR -8 AH 9			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			(ng) 2> (1			
	7901 4th St N						
	NEW Registered Office Address:			3			
	STE 300						
	St. Petersburg	33702					
the chaagent was/w the art Signa I here provise the obtoo men	imited liability company is not organized under the la ange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the nure of a member or authorized representative of a member oby accept the appointment as registered agent and agains of all stantes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I discoviring of this change.	f the register iability composite limited liab Riley ree to act in a performance of for in Cha	ed office and the busing, it is hereby conflictly company of the printed or type this capacity. I further of my duties, and poter 605, F.S. Or. i	isiness office of the registered infirmed that the change(s) or as otherwise provided in ped name of signee ther agree to comply with the I am familiar with and accept this document is being filed			
B		nt Secretar	у				