## L14000 182556

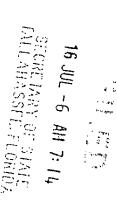
(Requestor's Name)							
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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	TEKBIZ SOLUTIONS LLC				
00201		ne of Limited L	iability Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
RAJ S	SINGH				
	Name of Person	<del></del>			
TEKB	IZ SOLUTIONS LLC				
	Firm/Company				
377 P	RESTWICK LANE SUITE #2				
	Address				
Palm	Beach Gardens, FL, 33418				
	City/State and Zip Code				
varun	parkash16@gmail.com				
Е	-mail address: (to be used for future and	nual report noti	fication)		
For fur	ther information concerning this matter	, please call:			
RAJ S	BINGH	701 at (	212-4687		
	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	Ro Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Illahassee, Florida 32314		
Enclosed is a check for the following amount:					
	<b>2</b> \$25 Filing Fee	<b>□</b> \$	55 Filing Fee & Certified Copy		
INHS18	8 (2/14)				

## 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	me of the limited liability company:	TION	SLLC				
2.	(a)	TEKBIZ SOLUTIONS LLC	(b	, TEKBIZ	SOLUTIONS	LLC		
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (~	,	Mailing address of l (Note: MAY BE		•	
		377 PRESTWICK LANE SUITE #2		377 PRE	STWICK LAI	NE SUI	TE#	2
		PALM BEACH GARDENS, FL, 33418	_	PALM B	EACH GARD	ENS, F	L, 33	3418
		Nov 25, 2014		L1400018	32556			
3.		Date of filing/registration in Florida	4.	;	Document num	ber		
5.	(a)	SINGH, RAJ						
	• /	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	2:			
		Registered Office Address (MUST BE FLORIDA STREET AD	DDRESS	<u> </u>	-			
		4328 EDGEWATER DRIVE APT #B102						
	٠	ORLANDO EL 3	32804			<del>,</del> 1		
	(b)	SINGH, RAJ				ALL AH SECKE	16 JUL	٠
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	<u>dress</u> :		S	1	- 1 - 1 - 4-4
		TEKBIZ SOLUTIONS LLC			_	<u> </u>	HW 9	ancies.
		NEW Registered Office Address:				01). 15	7:	
		377 PRESTWICK Lane Suite #2			-	OKID.	<u>;:</u>	
		PALM BEACH GARDENS, FL 3	33418		_	)125 (1		
the age	cha ent v s/w	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of iteles of organization or the operating agreement of the liability of the street authorized by an affirmative vote of the members of the liability of the operating agreement of the liability of the street authorized by an affirmative vote of the members of the liability of the street authorized by an affirmative vote of the members of the liability of the street authorized by an affirmative vote of the members of the liability of the street authorized by an affirmative vote of the members of the liability of the street authorized by an affirmative vote of the members of the liability of the street authorized by an affirmative vote of the members of the liability of the street authorized by an affirmative vote of the members of the liability of the street authorized by an affirmative vote of the members of the liability of the street authorized by an affirmative vote of the members of the liability of the street authorized by an affirmative vote of the members of the liability of the street authorized by an affirmative vote of the members of the liability of the liabil	he regi bility co the lin imited	stered office ompany, it is nited liability	e and the busines s hereby confirn y company or as	ss office ned that t	of the he ch	registered ange(s)
_5	igna	ture of a prember or authorized representative of a member			Printed or typed n	ame of sig	nee	
pro the to not	ovisi obl mer tifie	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	e to ac perform for in ( ereby c	t in this cap, ance of my Chapter 605 onfirm that	acity. I further duties, and I am f, F.S. Or, if thi the limited liabi	agree to Jamiliar s docume lity comp	comple with ent is in pany h	ly with the and accept being filed as been

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