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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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INHS18 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: MTECH Design	1 S LL d Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to t	the following:	
Marisa Duran Name of Person	· 	
MTECH DISIGNS .	UC	
13240 SW 88 Lane,	106E	
Miami OLIA 3 City/State and Zip Code	1386	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (7	Sb 216-6454 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:		
€ 525 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. Nam	ne of the limited liability company: MTECH DESIGNS, LLC
2. (a) _	13240 SW 88 Lane (b) 13240 SW 88 Jane
· /	Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
_	HOT 1065, HOT 1065;
-	11/1AM. + ORISA 33186 11/1AM: + ORISA 33180
	8 27 2015
3.	Date of filing/registration in Florida 4. Document number
5.(a) _	egistered Agent and Registered Office shown on the records of the Florida Dept. of State:
,,	13240 S.W. 88 Lane-
R	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	A)T 106/E
-	
	THE STORE OF THE S
(b) _	DURAN, Marisa
£	nter name of NEW Registered Agent and/or NEW Registered Office address:
-	nter name of NEW Registered Agent and/or NEW Registered Office address:
<u> </u>	NEW Registered Office Address:
_	HOT 106E
_	Miami , FL 33186
If the lim	ited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the chang	ge or changes are made, the Florida street address of the registered office and the business office of the registered
was/were	I be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the article	es of organization or the operating agreement of the limited liability company.
	VICENTE DURAN
7 1 1	e of a member or authorized representative of a member Printed or typed name of signee
nereby provision	accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the is of all statules relative to the proper and complete performance of my duties, and I am familiar with and accept
to merely notified	accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the as of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed reflect a change in the registered office address, I hereby confirm that the limited liability company has been niwriting of this change.
Signature	of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00

6.00