LISCO113734

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
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JAN 15 2013 O. BRUCE

COVER LETTER

Division of Corporations			
SUBJECT:	c	CK Technologies LLC	
Name	e of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offic	ce Change ar	nd fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to th	ne following:	
Mark B. Foley			
Name of Person		and the same of th	
CK Technologies LLC			
Firm/Company			
32 E Co Hwy 30A, Unit 4	· · · · · · · · · · · · · · · · · · ·		
Address			2016 JAN 14 SECRETARY
Santa Rosa Beach, FL 32459			HACE N
City/State and Zip Code	·		and the second
htala. @aaaatintaraatiaaal			A II: 10 OF STATE SCEEDRIDA
bfoley@gannetinternational.com E-mail address: (to be used for future annu	ual report not	ification)	
For further information concerning this matter,	please call:		
Mark B. Foley	_ at (703) 517-7034	
Name of Person		Area Code & Daytime Telep	hone Number
STREET/COURIER ADDRESS:	N	MAILING ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	1	ananassee, Fiorida 32314	
Enclosed is a check for the following	amount:		
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (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. N	ame of the limited liability company: CK Te	echnologies LLC		
2. (a)		(b)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	32 E Co Hwy 30A, Unit 4	32 E C	D Hwy 30A, Unit 4	
	Santa Rosa Beach, FL 32459			
		 		
	November 16, 2015	L150001	93734	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of			
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	tate:	
	Iris R. Schipper			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	32 E Co Hwy 30A, Suite 200			
	Santa Rosa Beach , FL	_32459	THE JAN IN A III TO STATE OF THE PROPERTY OF T	
			9." 0	
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	Mark B. Foley			
	NEW Registered Office Address:			
	32 E Co Hwy 30A, Unit 4			
	Santa Rosa Beach , FL	, 32459		
the cha agent was/w the art Signa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be idedical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a momber or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provided by affect a grange in the registered office address, I is	the registered off ability company, i of the limited liabi limited liability c Mark B. Fole	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Printed or typed name of signee	
notifie 	dinforiting of this change.	, <u>.</u>		