1/600179893

(Re	questor's Name)	· · · · · · · · · · · · · · · ·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



200299458782

05/31/17--01010--027 **25.00

17 MAY 31 AM 7: 30
SECRETARY OF STATE
ALL AMASSES FOR STATE

ALLAHASSEF, FLORI

2017 HAY 30 AM 9: 46

JUN 0 1 2017 J SHIVERS

COVER LETTER

Division of Corporations		
SUBJECT: FLEXITECH L Name of Limit	ed 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:	
MELANE J JACKSON Name of Person	7	
FUEXITECH UU Firm/Company		
7111 GRAND NATIONAL Address	DEIVE, SUITE 105	
ORLANDO, FL 32819 City/State and Zip Code	<u>``</u>	
E-mail de de les com E-mail de de les com les		
For further information concerning this matter, please call	;	
MELANIE JACOSON at (2)	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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.

I. Na	me of the limited liability company: FUEXITECH UC
2. (a)	7111 GROND NATIONAL DRIVER, SUITE 105
27 (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	OPLANION FL 32819
	<u> </u>
	09/26/16 616000179893
3.	Date of filing/registration in Florida 4. Document number
5. (a)	KEVIN JACKSON
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	SUITE 300
	<u>Oluanoo</u> , FL 32839
(b)	
()	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	711 GRAND NATIONAL DRIVE \$ 8
	NEW Registered Office Address:
	SUITE 105
	2200
	<u>OPIANOO</u> ,FL 32819
If the li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
agent w	nge or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/we	re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the office of the operating agreement of the limited liability company.
	MELANIE J JACOSON
	ure of a member or authorized representative of a member Printed or typed name of signee
nered provision the obli	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ly reflect a change in the registered office address, I hereby confirm that the limited liability company has been
to mere notifiea	ly reflect a change in the registered office address, I hereby confirm that the limited liability company has been In writing of this change.
	Man
Signatur	c of Registered Agent

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