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T. CLINE
SEP 18 2018
EXAMINER

September 8, 2018

Ms Tammi Cline Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject: Techpol LLC

Ref Number: L16000189829

Dear Ms Cline.

Attached please find Cover Letter and Statement of Change of Registered Office or Registered Agent or both for Limited Liability Company which I received with your letter dated August 22 2018 - copy attached.

I also attached, "just in case", the same statement for corporations because Techpol LLC is treated by IRS as S Corp. This matter was discussed with Ms Yasemin Y Sulker of your office - attached is a copy of my letter to Ms Sulker dated April 30, 2018. Please use the applicable statement and discard the other.

Sincerely,

Stefan Hasny Techpol LLC

s.i.hasny@gmail.com Mobile: 727 688 6964 18 SET 15 11 12:5

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJECT: TECH POL LLC Name of Limited Liability Company					
Dear	Sir or Madam:				
The e	nclosed Registered Agent/Registered Office (Change and fee(s) are submitted for filing.			
Pleas	return all correspondence concerning this m	atter to the following:			
	STEFAN J. HA Name of Person	<u>まんか</u>			
	TECHPOL LLC Firm/Company	· · · · · · · · · · · · · · · · · · ·	213		
<u>. </u>	12200 VONN RD, UN.	IT 1303			
	LARGO, FL 33* City/State and Zip Code	774	ر. ر		
	S. j. hasno a gma. E-mail address: (to be used for future annual	report notification)			
For fi	orther information concerning this matter, ple	ase call:			
	Steeface J. Hasug a	n (<u>727</u>) <u>688 6964</u> Area Code & Daytime Telephone Nu	mber		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Chifton 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:				
	☐ \$25 Filing Fee	S55 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.

	me of the limited liability company: Tech pol LL	
2. (ii) <u>1</u>	Principal office address of limited liability company: 33774 (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	October 13, 2016 Date of filing/registration in Florida 4.	41600189829
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Florida Registered Agent LLC Registered Agent and Registered Office shown on the records of the Florida Dep	
	Registered Agent and Registered Office shown on the records of the Florida Dep	ot, of State:
	3030 N Rocky Point Dr. Ste 150 A Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	, Tampa FL 33607
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		• • • • • •
	, FL	
(h)	STEFAN / HASNIV	• -
(0)	STEFAN J. HASNY Enter name of NEW Registered Agent and/or NEW Registered Office address	
		РИ 12: 53
	12200 VONN RD, UNIT 1303	÷ 55
	NEW Registered Office Address:	
	LARGO FI. 3377	14
the char agent w was/we the artic	mited liability company is not organized under the laws of the Stange or changes are made, the Florida street address of the register till be identical. Or, in the case of a Florida limited liability compare authorized by an affirmative vote of the members of the limited cles of organization or the operating agreement of the limited liab	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	ure of a member or authorized representative of a member	Stefane J. Hasny Printed or typed name of signee
Signati	ure of a member or authorized representative of a member	Printed or typed name of signee
provisio the obli to mere	ny accept the appointment as registered agent and agree to act in one of all statutes relative to the proper and complete performanc gations of my position as registered agent as provided for in Chally reflect a change in the registered office address, I hereby confi I in writing of this change.	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filea rm that the limited liability company has been

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

Signature of Registered Agent