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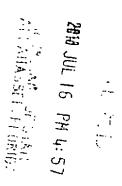
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## COVER LETTER

TO: Registration Section Division of Corporations	
AndersonTech Electronics LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
lan Anderson	
Name of Person	
AndersonTech Electronics LLC	
Firm/Company	
300 E Bay Dr. W BLDG, 2nd FL, STE 202	
Address	
Largo, FL, 33770	
City/State and Zip Code	<del></del>
ian@atechpcs.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
lan Anderson 7	755-3656
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 266! 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 amoun	nt:
☑ \$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.

	ame of the limited liability company:	
(a)	Principal office address of limited liability company:	(b)
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	300 E Bay Dr. W BLDG, 2nd FL, STE 202	300 E Bay Dr. W BLDG, 2nd FL, STE 202
	Largo, FL, 33770	Largo, FL, 33770
	7/20/2017	61-8017313615-2
	Date of filing/registration in Florida	4. Document number
(a)		
(**)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
	lan Anderson	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)
	1729 Regal Mist Loop	<del></del>
	Trinity, F	34655
		2
(b)		
(1)	Enter name of NEW Registered Agent and/or NEW Registere	Office address:
	lan Anderson	1 Office address:
	NEW Registered Office Address:	<del></del>
	1216 Omaha Street	<del></del>
		<del></del> <u></u>
	Palm Harbor F	4/
e ch: ent : as/w	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I	ws of the State of Florida, it is hereby confirmed that after fithe registered office and the business office of the registere iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in timited liability company.  Lan Anderson
٠.	iture of a member or authorized representative of a member	Printed or typed name of signee ree to act in this capacity. I further agree to comply with the r performance of my duties, and I am Jamiliar with and accep- ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

2818 JUL 16 PM 4:57

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

INH\$18 (2/14)