## 117000171219

(Re	questor's Name)							
(Ad	dress)							
(Ad	dress)							
(Cit	ry/State/Zip/Phone	e #)						
PICK-UP	☐ WAIT	MAIL						
(Bu	siness Entity Nan	ne)						
(Document Number)								
Certified Copies	_ Certificates	of Status						
Special Instructions to Filing Officer:								
PCI. andrag Muritz	8-22-18 Just	Company looff.						

Office Use Only



600316653956

08/14/18--01019--023 (\*\*25.00

2018 AUG 14 AMII: 34 SECRETARY OF STATE

JK5 14

## COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations VERTEX TECHNICAL SOLUTIONS LLC SUBJECT: Name of Limited 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: LUZ L MORENO Name of Person MORE ACCOUNTING PLUS TAX SERVICES INC. Firm/Company 2700 GLADES CIRCLE, SUITE 106 Address WESTON, FL 33327 City/State and Zip Code luzlmoreno@moreaccountingplus.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUZ L MORENO Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy **≥** \$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.

1. Na	nme of the limited liability company: VERTEX TEC	HNIC	;Al	LLC				·
2. (a)	10310 WEST 34 COURT	(b) 10310 WEST 34 COURT						
2. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	( - )		Mailing addres	s of limited liab Y BE POST OF	_	
	HIALEAH			HIALEA	.H			
	FL 33018	_		FL 3301	18			
	08/10/2017		L	.170001	71219			
3.	Date of filing/registration in Florida	4.	_	<u>-</u>	Document	number		
5. (a)	BUSNINESS FUTURE GROUP LLC							
. (=)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 8805 TAMIAMI TRL N , SUITE 176 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				 ke: _			
	NAPLES	34108	3		<del>-</del>			
	, FL_				_			
(b)	LUZ L MORENO / MORE ACCOUNTING PLU	US TA	٩X	SERVI	Ces, inc.			
` ,	Enter name of NEW Registered Agent and/or NEW Registered G	Office a	ddı	ress:	_			
	2700 GLADES CIRCLE , SUITE 106				_	TALL	2018 AUG 14	esem.
	NEW Registered Office Address:					AHAN	71 SI	——————————————————————————————————————
		-			_	SSE	<u> </u>	រីហ
	WESTON , FL	33327	7		_	STA.	AM 11: 3	
agent v was/we the arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the reg bility of the lif imited	gisi con mit Hia	ered offic npany, it i ted liabilit	is hereby cor ty company o npany.	siness office	ned the of the the cha	nge(s)
Signa	ture of a member				Printed or typ	ped name of sig	nec	-
provisi the obl to mere notified	by accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to ac perforn for in ereby	ct i nai Ci coi	n this cap nce of my hapter 60. nfirm that	pacity. I furt, duties, and i 5, F.S. Or, ij the limited l	her agree to I am familiar I this docume liability comp	comply with a ent is b eany ho	with the and accept eing filed as been
Signatu	re of Registered Agent							