(Requestor's Name) (Address)	600305740106
(Address) (City/State/Zip/Phone #)	11/17/1701026001 ++75.00
Business Entity Name)	
(Document Number) rtified Copies Certificates of Status	
pecial Instructions to Filing Officer:	
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Office Use Only	STATE FLORIDA
	S. WARREN

COVER LETTER

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TO:	Registration Section		
	Division of Corporations		

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SUBJECT: Lithium Io	n Technologies LLC	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Name of Person		
Exadus Holdings Chroup Firm/Company	> LLC	
1010 Park Ct., Gumt		
<u>Safety Harbor</u> FL 341 City/State and Zip Code	<u>095</u>	
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter, please	e call:	
at ()	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301		

Enclosed is a check for the following amount:

🗙 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

18HS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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: Litnium I.	on Technologies LLC
2. (a)		b)
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	S18 Highland Ave.	SIS Highland Ave.
	Dunedin, FL 34698	Dunedin, FL 34698
	8 18 2017	L17000176906
3.	Date of filing/registration in Florida 4.	Document number
5(a)	Joshua P. Huoks	
	Registered Agent and Registered Office shown on the records of the Flori-	la Dept, of State:
	245 10th Ave n.	
	Registered Office Address (MUST BE FLORIDA STREET ADDRES	
	Safety Harbor .FI. 34	695 FILED
(b)	Clearwater Business Law, LL	<u>C</u> <u>ddress:</u>
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office a</u>	ddress:
	<u>I769 N. Belcher Road</u> <u>NEW Registered Office Address:</u>	<u> </u>
	Suite B	
	<u>Clearwater</u> .FL 33	765
the cha agent w was/we the artic	mited liability company is not organized under the laws of the nge or changes are made, the Florida street address of the reg vill be identical. Or, in the case of a Florida limited liability of relauthorized by an affirmative vote of the members of the li- des on organization or the operating agreement of the limited ure of a member or authorized representative of a member	istered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company.
provision the oblic to mere	y decept the appointment as registered agent and agree to a ons of all statutes relative to the proper and complete perfor- igations of my position as registered agent as provided for in ly reflect a change in the registered office address. I hereby Vin writing of this change.	et in this capacity. I further agree to comply with the nance of my dutics, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm 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