## 117000198962

	(Requestor's Name)				
	(Address)				
	(Address)				
<del></del>	(City/State/Zip/Phone #)				
PICK-UF	P WAIT [	MAIL			
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of St	atus			
Special Instructions to Filing Officer:					

Office Use Only



700318257667

09/17/18--01024--003 \*+25.00





## COVER LETTER

	Registration Section Division of Corporations							
SUBJE	CT: DIGITURA TECHNOL	OGIES, LLC						
	Name of Limited Liability Company							
Dear Sir	or Madam:							
The encl	losed Registered Agent/Registered Office Change and fee	(s) are submitted for filing.						
Please re	eturn all correspondence concerning this matter to the fol	owing:						
Bro	anford M. Adumuah Name of Person							
Dig	Firm/Company							
615	1 Lake Osprey Drive, Address	Suite 300						
_5	City/State and Zip Code							
bra E-m	n ford-adumuahe digita	era.biz						
For furthe	er information concerning this matter, please call:							
Bran	Name of Person	685-3115 ea Code & Daytime Telephone Number						
0'	TO DOWN OO VIDEO							
		NG ADDRESS:						
		ation Section of Corporations						
	lifton Building P.O. Bo							
26		ssee, Florida 32314						
	allahassee, Florida 32301	55CC. 1 TOTICR 32314						
E	nclosed is a check for the following amount:							
Ø	\$25 Filing Fee	ing 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.

1. N	ame of the limited liability company: DIGITURA TEC	CHNOL	OGIES, LLC		_	
2. (a)		(b)				<del>"</del>
	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	(0,	Mail		of limited liability company: BE POST OFFICE BOX)	
	4902 Post Pointe Brive 6151 Lake Osbrey	Drive				55~a . ¬
	Sarasota, FL 34233 34240 Suite	300	Sarasota, Fl			Suite
	09/26/2017	l	_1700019896	62		
3.	Date of filing/registration in Florida	4.	Do	cument nu	ımber	
5. (a)	ADUMUAH, BRANFORD N					
	Registered Agent and Registered Office shown on the records of it	he Florida I	Dept. of State:			
	4902 Post Pointe Drive 6151 Lake Os Registered Office Address MUST BE FLORIDA STREET A	brey	Drive	Su <del>ta</del> a	300	
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)	<del>85 , .</del> , .	Julie _	· 6	
					·-	
	Sarasota		200 -			
	, FL_	<del></del>	<del>233</del> 3421	10	二二十二	
(b)	InCorp Services, Inc.				R R. O	
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addr	ess:		ب ن ب ب	
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>30.11</u> ,		2 2	
	17888 67th Court North				or the state of t	
	NEW Registered Office Address:					
			· · · · ·			
	Loxahatchee	334	70			
<b>1</b> C al 1:	· · · · · · · · · · · · · · · · · · ·					
n me n he chai	mited liability company is not organized under the laws age or changes are made, the Florida street address of the file identical. Or in the case of a Florida limited liab	of the St	ate of Florida	it is herel	by confirmed that after	
	" of localitation of the the case of a random finished han	THIV COM	DODAY If It have		ند کا ایا د محاله اصفیقه	
THE STATE	re authorized by an affirmative vote of the members of the solorganization or the operating agreement of the line.	[[]] [ ] [] [] [] [] [] [] [] [] [] [] [	ed Liability cor	nnany or a	s otherwise provided in	ı
28	or the operating agreement of the in	micu nai	omy company	/.		
Signati	re of a member or authorized representative of a member		Prin	ad or mad	name of signee	
					<b>-</b>	
he oblig o merci	vaccept the appointment as registered agent and agree ns of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f y reflect a change in the registered office address, I her in writing of this change.	to act in informant for in Che reby conf	this capacity, se of my dutie, pter 605, F.S. irm that the li	I further s. and I an Or, if thi mited liah	agree to comply with t I familiar with and acc is document is being fil ility company has been	he epi ed

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

Brittney Winder on behalf of InCorp Services, Inc.

Signature of Registered Agent