## 618000041509

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	cument Number)	<del></del>
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## **COVER LETTER**

Division of Corporations		
SUBJECT: Te KNO logi	imited Liability Company	
	minted Etabling 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 matt	er to the following:	
Name of Person  +ekvologo Luc  Firm/Company		
1419 Mirina Mile Address	Blud Apt 205	
FT Lander dule FL 33 City/State and Zip Code	53 i5	
E-mail address: (to be used for future annual rep	<u>A、(とへ</u> port notification)	
For further information concerning this matter, please	e call:	
Name of Person at (	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton 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 amou	int:	
à \$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.

1. N	ame of the limited liability company: Teknologic LL
2. (a)	-1410 - 1400 -
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Principal office address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	FT Lunderdake FL 33315 FT Lunderdake FL 3330
	2-9-2018
3.	Date of filing/registration in Florida 4. Document number
5. (a)	United States Communa Agout Inc
	Registered Agent and Registered Office shown on all as of the Florida Dept. of State.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Tampa FL 33612
	, FL
(b)	Evelyng Morales Jones
(0)	Evelyng Mofaled Jones  Enter name of NEW Registered Agent and/or NEW Registered Office address:
	1419 Marina Mile Blud Apt 225
	NEW Registered Office Address:
	FT Lauderdole FL 33315
If the l	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the cha	ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
the art	$\eta$
Signa	ature of a member or authorized representative of a member Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.