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COVER LETTER

SUBJECT: Reach Technology Group of America, LLC			
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:			
Merv Johnson Name of Person			
Reach Tech, Group Firm/Company			
851 S. State Rd. 434 Suite 1070-317			
Altamonte Springs FL, 32714 City/State and Zip Code			
Merv 2 @ reach makers.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Merv Johnson II at (407) 349-7844			

Enclosed is a check for the following amount:

Name of Person

STREET/COURIER ADDRESS:

\$25 Filing Fee

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section Division of Corporations

\$55 Filing Fee & Certified Copy

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

Area Code & Daytime Telephone Number

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

Florida.
1. Name of the limited liability company: Reach Technology Group of America, LLC (RT)
2. (a) 85/ S State Rd, 434 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BON)
Suite 1070-317 Suite 1070-317
Altomonte Springs FL 32712 Altamonte Springs FL 32714
03/09/2018 L18000062409
3. Date of filing/registration in Florida 4. Document number
5. (a) United States Corporation Agents lac Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 13302 Winding Oak Court
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite A
Tunpa FL 336/2 3 5
(b) // Ely /ONNCOV
Enter name of NEW Registered Agent and/or NEW Registered Office address:
851 S State Rd. 434
NEW Registered Office Address:
Suite 1070-317
Altanonte Springs 32714
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
Mem John II Signature of authorized representative of a member Merv Johnson II Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been

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

ngtified in writing of this change.

Signature of Registered Agent