

L19000 124 725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

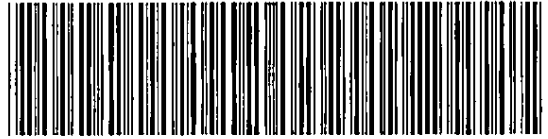
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Technotic Sports, LLC

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:

Michael Audley

Name of Person

Technotic Sports LLC

Firm/Company

PO Box 771023

Address

Orlando, Florida 32877

City/State and Zip Code

maudley@technoticsports.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Audley

Name of Person

at ( 407 )

225-8100

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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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JUN 31 PM 3:53  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: Technotic Sports LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

7901 4th St N STE 300

St. Petersburg, FL 33702

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

PO Box 771023

Orlando, FL 32877

05/08/2019

L19000124725

3. 05/08/2019 Date of filing/registration in Florida 4. L19000124725 Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_, FL \_\_\_\_\_

(b) Northwest Registered Agent LLC

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

7901 4th St N

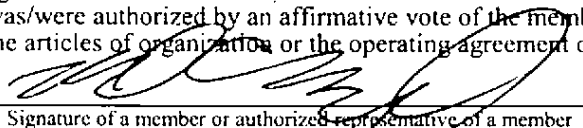
**NEW** Registered Office Address:

STE 300

St. Petersburg, FL 33702

2019 JUN 31 PM 3:53  
FILED  
CLERK OF CIRCUIT COURT  
JANUARY 31 2019  
FILED

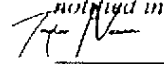
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.

  
Signature of a member or authorized representative of a member

Michael T Audley Jr

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 notified in writing of this change.*

  
Signature of Registered Agent

Taylor Newman - Assistant Secretary

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