## LZO 000 250546

(Ře	questor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<del>=</del> )
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	-
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IN SEP IN P 3 37 ALL MADES FOR FILED

VSmith 10/21/20

## COVER LETTER

Division of	Corporations				•	
SUBJECT:	NETWIRK	TECHS	of	South	FLEGA	LLC
		Name of Limit	ed Liabil	lity Company		
Dear Sir or Madam:						
The enclosed Regist	ered Agent/Registero	ed Office Change	and fee(	s) are submitted	for filing.	
Please return all corr	respondence concern	ing this matter to	the follo	owing:		
ANDE	REW COUR	Sllon				
	Name of Person					
NEA	work Tech	es of S.	2 J th	Flurida	ررز	
	Firm/Company					
222	N FEDER	in Hig	رمسما	, せい2		
	Address		<del></del>			
<u></u>	en field		FL	33441		
	City/State and Zip C	lode				
A COURS Ha	ne The H	re annual report	E CW S	( . €> ← (on)		
For further informat	ion concerning this n	natter, please call	:			
AMDREW	CouRSHON	at (		324 8		
Nar	ne of Person		A	rea Code & Day	time Telephon	e Numbe
P.O. Box 6	n Section f Corporations		# [ ] 2	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroo Fallahassee, FL	ction porations allahassee c Street, Suite	810

Enclosed is a check for the following amount:

\$25 Filing Fee

TO: Registration Section . .

☐ \$55 Filing Fee & Certified Copy

## 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. Na	me of the limited liability company: NETWORK TECHS of South Floring
	222 N FEDERAL Highway #102(b) 222 N FEDERAL Highway #103  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	DÉERFIELD BENCH FI 33441 DÉERFIELD BENCH FI 37441
	8/17/20 L 20000 250 546
3.	Date of filing/registration in Florida 4. Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	5575 S. SEMORAN BLUD SUITE 36
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	ORLAPOR 51 33272 55 7 =
	$\mathcal{L}$
(b)	ANDREW COURSHON
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	222 N FESTRAL Highway #102
	NEW Registered Office Address:
	DZERFIELD BENCH, FL 33441
	, FL
change agent www.was/we the arti	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the 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) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.  Printed or typed name of signee  by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the possibility to the proper and complete performance of my duties, and I am familiar with and accept in gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filled by reflect a change in the registered office address. I hereby confirm that the limited liability company has been this writing of this change.
	re of Registered Agent