



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TECH2 CONSULTANTS 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:

Sylvio Poulin  
Name of Person

TECH2 CONSULTANTS LLC  
Firm/Company

2163 LIMA LOOP, PMB-07-022  
Address

LAREDO, TX 78045 US  
City/State and Zip Code

info@tech2consultants.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sylvio Poulin at ( ) 438 288 3117  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



