

Florida Department of State
Division of Corporations
Public Access System
Electronic Filing Cover Sheet

m0000001984

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000067113 3))



H070000671133ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

07 MAR 14 AM 8:00

CLERK OF COURTS

Division of Corporations
Fax Number : (850)203-0380

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432009053
Phone : (561)694-8107
Fax Number : (561)694-1639

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAR 14 AM 8:55

FILED

REGISTERED AGENT CHANGE

TECHNOLOGY CENTER OF THE AMERICAS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Technology Center of the Americas, 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:

Megan Allen

(Name of Person)

Corporate Creations International Inc.

(Firm/Company)

11380 Prosperity Farms Road #221E

(Address)

Palm Beach Gardens FL 33410

(City/State and Zip Code)

For further information concerning this matter, please call:

Megan Allen

(Name of Person)

at (702) 492-1788

(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

JN11S18 (8/05)

FILED
07 MAR 14 AM 8:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Technology Center of the Americas, LLC
2. The mailing address of the limited liability company is : 2801 S. BAYSHORE DRIVE 9th Floor
MIAMI FL 33133

09/21/2000MO00000001984

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

ROBERT D. SICHTA

Name

2801 S BAYSHORE DR. 9th Floor

Address

Miami,FL 33133

City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporate Creations Network Inc.

Name

11380 Prosperity Farms Road #221E

Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens FL 33410

City, State and Zip

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.

Megan Allen
(Signature of a member or authorized representative of a member)

Megan Allen, Assistant Secretary, TECOTA SERVICES CORP.

(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 608, 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]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (8/05)

FILED
07 MAR 14 AM 8:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA