

M14000000757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 21 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

Change of Address

SUBJECT: _____

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:

Claude Kamdem

Name of Person

TECWISE LLC

Firm/Company

7400 Powers Ave # 299

Address

Jacksonville, FL 32217

City/State and Zip Code

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TALLAHASSEE, FLORIDA

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

For further information concerning this matter, please call:

Claude Kamdem at (904) 2330431

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section

MAILING ADDRESS:
Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

INHS18 (2/14)

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: TECWISE LLC d/B/A DELIGHT Support SERVICES

2. (a) 10959 Steeding Horse Dr (b) 10959 - Steeding HORSE Dr
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Jax, FL 32257 Jax, FL 32257

3. MARCH 11, 2015 4. M14000000757
Date of filing/registration in Florida Document number

5. (a) 10959 Steeding HORSE Dr Jax, FL 32257

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10959 Steeding Horse Dr Jax, FL 32257

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

10959 Steeding Horse Dr
Jax, FL 32257

(b) Claude Kamdem - 7400 Powers Ave # 299. Jax, FL 32217
Claude Kamdem -

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

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TALLAHASSEE, FLORIDA

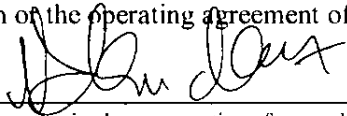
NEW Registered Office Address:

7400 Powers Ave # 299.

Jacksonville - FL 32217.

FL

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.

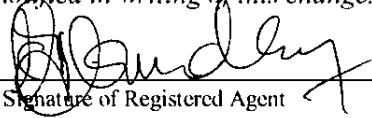


CLAUDE KAMDEM

Signature of a member or authorized representative of a member

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

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

FILING FEE: \$25.00

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