## M14000004567

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(Address)					
(Addre	ess)				
(City/S	State/Zip/Phor	ne #)			
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1.M. 7/31/14

## 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.	Na	ame of the limited liability company:	uc		<u> </u>		_
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) <u>142</u>		1ailing address	BLACKIBURE UA 240 s of limited liability company:  (BE POST OFFICE BOX)	_ 
3.		Date of filing/registration in Florida 4	4.		0000045	····	_
5.	(a)	FEIN, DAVID					
		Registered Agent and Registered Office shown on the records of the F	lorida Dept. o	of State	:		
		Registered Office Address (MUST BE FLORIDA STREET ADDI	RESS)			Į.	
		MIAMI BEACH , FL 3	33137			₩ <b>7</b>	
(b)	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office	ce address:			25 <del>-</del> 7 -	
		810 11th Street Apt # 201 MIAMI BE	ACH FL	3313	ტ	M 5: 56	
		NEW Registered Office Address:				56 56	
		810 11th Street Apt # 201					
		MIAMI BEACH , FL_	33139				
the age wa	cha ent v s/we	imited liability company is not organized under the laws or ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the icles of organization of the operating agreement of the limit	registered ty compan e limited li	office y, it is ability y com	and the bus hereby con- company o pany.	siness office of the registere	d
-5	Signa	ture of a member or authorized representative of a member			Printed or typ	ped name of signee	-
pre the to	ovisi obl mert	by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete perf igations of my position as registered agent as provided for ely reflect a change in the registered office address, I here d in whiting of this change	o act in thi. formance o r in Chapte by confirm	is capa of my a er 605, i that t	icity. I furth luties, and I F.S. Or, if he limited li	her agree to comply with the am familiar with and acce this document is being filed iability company has been	i I
Sig	gnatu	re of Registered Agent					

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TECH TEEZ LLC			
Na	ame of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
CHARLES CHALMERS			
Name of Person			
TECH TEEL LLC			
Firm/Company	4 JUL 41		
3400 STRATFOLD RD NE # 14	- T		
Address	T)		
	FIGRE		
ATUANTA 69 30326	5: 5: ORIE		
ATUNTA 69 30326  City/State and Zip Code			
City/ballo and Dip Code			
techters & amail			
E-mail address: (to be used for future a	nnual report notification)		
For further information concerning this matter			
Charles Chalmers	at (_540) _230 - 77°7		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section Division of Corporations		
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following	ng amount:		
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)