## M160000085

	(Requestor's Name)	
	(Address)	<u> </u>
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	□ WAIT	MAIL
	(Business Entity Name)	
_	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
• • • • • • • • • • • • • • • • • • • •	mited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Simon James Hutch Name of Person Fix tech UC /Fi Firm/Company	unson xtech us LLC	
915 FRANKLIN STRUETES		
Address  SUITE 79 HOUSTON, TX  City/State and Zip Code  Simon @ fixted - VS  E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please call:		
Simon James Hutchinson at (	713, 265 7077.  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	

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: FIXTECH US LLC
2. (a) 1500 NW 62 Street (b) 1500 West Cypress Creek Rd  Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
Suite 508 Suite 508
Ft Lauderdale, Florida 3309 Ft Lauderdale, Florida 3309
October 27, 2016 M 16 0000 8560  3. Date of filing/registration in Florida 4. Document number
5. (a) Simon Tames HUTCH(NSON)  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST HE FLORIDA STREET ADDRESS)
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  Suite 508  Ft   auderdale   FL 33309  (b) Holly Cohen P.A.  Enter name of NEW Registered Agent and/or NEW Registered Office address:
(b) Holly Cohen P.A.  Enter name of NEW Registered Agent and/or NEW Registered Office address:
Enter name of NEW Registered Agent and/or NEW Registered Office address:
12700 Biscayne Blvd
NEW Registered Office Address:
Unit 401.
North Miami, FL 33181
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 of the operating agreement of the limited liability company.
Signature of a member of authorized representative of a member  Signature of a member of authorized representative of a member of signed printed or typed name of signed
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**