Florida Department of State

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To:	 -	AHASSE
	Division of Corporations	<i>y</i> .
	Fax Number : (850)617-6383	
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From:		711
	Account Name : C T CORPORATION SYSTEM	
	Account Number : FCA000000023	THE 1
	Phone : (614)280-3338	
	Fax Number : (954)208-0845	

Email Address:__

LLC REGISTERED AGENT CHANGE TECHFIVE, LLC

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Help

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.

I. N	ame of the limited liability company: Techfive, LLC		
2. (a)		(b)	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	200 Central Avenue, 7th FL		
	St. Petersburg, FL 33701		
	11/17/2016	M160	00009261
3.	Date of filing/registration in Florida	4.	Document number
5. (a)		
J. (u	Registered Agent and Registered Office shown on the records of	the Florida Dept.	
	Corporation Service Company		ZOZI JAN -
	Registered Office Address (MUST BE FLORIDA STREET	E & T	
	1201 Hays Street		
	Tallahassee, FI	32301 	TALL MASSE
(b	C T Corporation System		: '` '
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	' ;
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation	L	
the clagent	e limited liability company is not organized under the la hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	in the registered in the interest in the limited	ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	Tracy Kellne		Cellner, Manager Printed or typed name of signee
_	nature of a member or authorized representative of a member		
prov the o to me nom	reby accept the appointment as registered agent and as isions of all statutes relative to the proper and complet bligations of my position as registered agent as provide rely reflect a change in the registered office address, it is writing of this change.	gree to act in the performance deat for in Chap I hereby confir	his capacity. I further agree to comply with the coff my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed m that the limited liability company has been
By: / Signi		asa't Secy	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00