M2100000 4892

· (F	Requestor's Name)	
(#	Address)	
	Address)	
(0	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(8	Business Entity Nan	ne)
([Document Number)	
Certified Copies	Certificates	of Status
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2023 NOV

Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 11/27/2023 PRIORITY Regular Approval OUR REF # (Order ID#) 1200460

ORDER ENTITY

ELECTRIC TECHNOLOGY GROUP LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

ELECTRIC TECHNOLOGY GROUP LLC (FL)

File the attached change of agent document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, November 27, 2023 Page 1 of 1

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJF	ELECTRIC TECHNOLOGY GECT:	ROUP LLC	
00100		Name of Limited Lia	ability Company
Dear Si	r or Madam:		
The end	closed Registered Agent/Registered	Office Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the fo	ollowing:
Sapphir	e Marquez		
	Name of Person		_
SunDoc	Filings		
	Firm/Company		_
7801 Fc	olsom Blvd Ste 202		
	Address		_
Sacrame	ento CA 95826		
	City/State and Zip Cod	le	_
storch.k	irill@gmail.com		
Е	-mail address: (to be used for future	annual report notific	ation)
For furt	ther information concerning this mat	tter, please call:	
Kirill St	torch	916 at (287-1039
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303
	Enclosed is a check for the follow	ing amount:	
	■ \$25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy

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. N	Pame of the limited liability company:ELECTRIC TEC	CHNOLO	GY —	′ GROUP I	LLC			
2. (a)	333 LAS OLAS WAY CUI	((b) 333 LAS OLAS WAY CUI					
2. (1.)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, ,		Mailing address of limi (Note: MAY BE PG			
	FORT LAUDERDALE, FL 33301			FORT LAU	JDERDALE, FL 33.	301		
	04/22/2021		:	M21000004	1892			
3.	Date of filing/registration in Florida	4.	_		Document number	 г		
5. (a	SUNDOC FILINGS INCORPORATED							
. (4	Registered Agent and Registered Office shown on the records of 3458 LAKESHORE DRIVE			Pept, of State	- 2: -			
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRES	<u>5.S)</u>				~3	
	TALLAHASSEE	L. 32312			_		2023 KOV 2	· :·
(b)	United Agent Group Inc.				_		-1	***
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ress:	-			
	801 US Highway 1				_		2: 12	•
	NEW Registered Office Address:							
	North Palm Beach F	L. 33408			-			
chang agent was/w	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registe iability c of the lir	red on mit	i office and pany, it is ed liability	d the business offices hereby confirmed v company or as of	ce of tl I that t	he regi: he chai	stered age(s)
/S/	Kirill Storch	Kir	rill	Storch				
•	ature of a member or authorized representative of a member				Printed or typed name	•		
accep heing	thy accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete tthe obligations of my position as registered agent as p filedto merely reflect a change in the registered office connotified in writing of this change.	ree to ac perform provided address	Ti tar foi T	n this capa ice of my a r in Chapte hereby con	icity. I further agr luties, and I am far er 605, F.S. Or, if afirm that the limit	ee to c niliar this d ed liat	zomply with a ocume bility co	with the nd nt is ompany
	Villiam Huser							
Signat	ure of Registered Agent							