

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. Nam	e of the limited liability company:	CHNOLOGY, LLC
2. (a)		(b)
· ·	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	(b) (b) Mailing address of limited liability company; (Note: MAX BE POST OFFICE BOX)
3	3505 LAKE LYNDA DR STE 200	3505 LAKE LYNDA DR STE 200
(	ORLANDO, FL 32817	ORLANDO, FL 32817
c	08/27/2021	, M21000011350
	Date of filing/registration in Florida	4. Document number
(a) _		
	egistered Agent and Registered Office shown on the records of t IEFF HUANG	
R	legistored Office Address (MUST BE FLORIDA STREET >	ADDRESS).
3	13535 BLUEWATER CIR	ALASSE
(	DRLANDO, FL	11000 ITL_
-		Differ addirett:
(b)	nics name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	
Ei	nter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address: D W
J	leffrey M Moritz	
N	IEW Registered Office Address:	
3	3584 VALLEYVIEW DR	
ŀ	KISSIMMEE -	
-	, FL	· · · · · · · · · · · · · · · · · · ·
nange of gent wil vas/were	r changes are made, the Florida street address of the l be identical. Or, in the case of a Florida limited lia	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.
57 <i>EVE</i> H	WE1SS	STEVEN WEISS
Signatur	of a member or authorized representative of a member	Printed or typed name of signee
l hereby provisio, the oblig to merel notifica	s accept the appointment as registered agent and agr ns of all statutes relative to the proper and complete gations of my position as registered agent as provided y reflect a change in the registered office address. I h by writing of thy change.	ve to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept 4 for in Chapter 605, F.S. Or, if this document is being filed icroby confirm that the limited liability company has been
A -		
Signaturo	of Registered Agent	

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

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