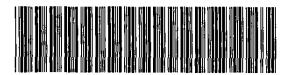
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(Requ	uestor's Name)	
(Addr	ress)	
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(City/	State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

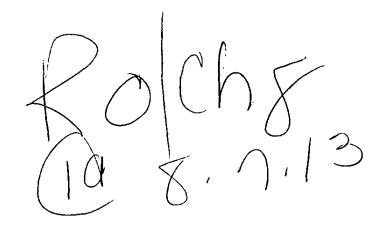
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Techzilla Foundation, Inc. Name of Corporation		
DOCUMENT NUMBER: N 13 00000 2151		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Reid Shapiro Name of Contact Person		
Elephant Crown, Inc.		
5259 Coconst Creek Parrway		
Margati, FL 33063 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Reid Shapino at (954) 657-9600 Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: TEChzilla Foundation, Inc.
2. The principal office address: 5259 COCONUT Creek Daviewcy Lo Margata, FL 33063
3. The mailing address (if different):
or the maning dudices (it differents).
4. Date of incorporation/qualification: 3 5 2013 Document number: N 13000002151
 The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Michael Wallace
5259 Coconut Creek Parkway
Margate, FL 33063
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
<u>Keid Shapino</u>
5259 Coconut Creek Parkway P.O. Box NOT acceptable
Margate, FL 33063
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
IIIIII REID SHAPIRO
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Ignature of Registere Agent July 24, 3013
If signing on behalf of an entity:
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *