70300068614

. (Re	equestor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
FICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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Frank.

O7 MAY -7 AM 9: 30
SECRETARY OF STATE
TALLAHASSEE, FI OBIG.

TO: Amendment Section Division of Corporations	, N		
SUBJECT: TECHSPA, INC. (Name of Corpora	ution)		
(rumo or corpora			
DOCUMENT NUMBER: P03000068614	.		
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:			
,	•		
JOSEPH KURTA			
(Name of Contact Person)			
•			
TECHSPA, INC.			
(Firm/Company)			
2084 ALOMA AVENUE			
(Address)			
WINTER PARK, FL 32792			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
JOSEPH KURTA at (407 \ 888-4466		
(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	Street Address: Amendment Section		
Amendment Section Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	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 _ in order to change its registered office or registered agent,	the laws of the State of FLORIDA
	<i>y</i>
1. The name of the corporation: TECHSPA, INC.	
2. The principal office address: 2084 ALOMA AVENUE	
3. The mailing address (if different): POST OFFICE BOX 502	27, WINTER PARK, FL 32793
4. Date of incorporation/qualification: JUNE 18, 2003 Docu	ument number: P03000068614
5. The name and street address of the current registered agent and re Florida Department of State:	egistered office on file with the
JOSEPH KURTA	
2084 ALOMA AVENUE	
WINTER PARK, FL 32792	↓ ω •
6. The name and street address of the new registered agent (if change (if changed):	ged) and /or registered office
MATTHEW D. PARDY, ESQ.	SEE OF 3 M
230 E. MARKS STREET	Fig. 9
(P.O. Box NOT acceptable)	30 RIDE
ORLANDO, FL 32803	
The street address of its registered office and the street address of as changed will be identical.	f the business office of its registered agent,
Such change was authorized by resolution duly adopted by its bo authorized by the board, or the corporation has been notified in w	ard of directors or by an officer so writing of the change.
3	ON LIETA, President
I hereby accept the appointment as registered agent and agree to I further agree to comply with the provisions of all statutes relati of my duties, and I am familiar with and accept the obligation of document is being filed merely to reflect a change in the register corporation has been notified in writing of this change.	(Printed or typed name and title) o act in this capacity. ye to the proper and complete performance my position as registered agent. Or, if this ed office address, I hereby confirm that the
	5/3/07
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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