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(Rec	uestor's Name)	
(Add	lress)	-
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(City	/State/Zip/Phone	? #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SiteTech Inc.
2. The principal office address: 3475 Autantia Rd
mims FL 32754
3. The mailing address (if different): Po box lole13
Titusville, FC 32782
4. Date of incorporation/qualification: 01/13/05 Document number: POSO0000 63444
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Louis lenuti
400 Orange Street
Titusville, FL 327910
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Thomas Steiner
3475 Aurantia Rd (P.O. Box NOT acceptable)
mims, FC 32754
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.
Thomas Steiner Desident (Signature an officer or director) Thomas Steiner Desident (Printed or typed name and after)
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.
Momos 11/965
(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
CR2E045 (8/05)

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