P05000013375

(Requestor's Name)				
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(50	ioineoo Ziidiy itali	10,		
				
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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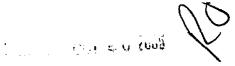
Office Use Only



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10/17/05-01020-013 **35.00

05 OCT 17 AN 9: 5C SECRETARY OF STATE



COVER LETTER

Division	of Corporations			
SUBJECT:	TECHNICALBULL. com	oration)		
	UMBER: PO 5 0000 73375			
The enclosed Stat	ement of Change of Registered Office/A	gent and fee are submitted for filing.		
Please return all c	orrespondence concerning this matter to	the following:		
	PHILIP LINSKY			
	(Name of Contac	t Person)		
TECHNICAL BULL. com (Firm/Company)				
	(Firm/Comp	any)		
	7825 N. DALE MAG	SRY HWY #30		
•	(Address)		
	TAMPA, FL, 33Lo14 (City/State and Z			
•	(City/State and Z	ip Code)		
For further inform	nation concerning this matter, please call:			
PHLIP	ame of Contact Person)	t (813) 417-3833 (Area Code & Daytime Telephone Number)		
(N	ame of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a \$35.	.00 check made payable to the Departmen	nt of State.		
	Mailing Address: Amendment Section	Street Address: 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 char	ige is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida State or f organized under the laws of the State of f	WADA_
		r registered agent, or both, in the State of Flor	rida.
1. The name of the	ne corporation: TECHNICA	LBULL. LOM INC.	
2. The principal of	office address: 7825 A	V. DALE MARRY HWY #30	
	MPA, FL 33614		
3. The mailing ac	ldress (if different):		
4. Date of incorp	oration/qualification: 5/18/0	Document number: P05000	2073375
5. The name and Florida Depart	-	stered agent and registered office on file with t	the
·	TAMM, FL 3361	RY 11W7 #30	
	TAMM, FL 3361	+	
			OS SEC
6. The name and (if changed):	_	red agent (if changed) and /or registered office	SSS I
	7825 N. DALE MABI	ey huy # 30	発見
	TAMAA, FL 336	n f	9. ORIA
	(P.O. Box NOT a	acceptable)	10% 10% 20
The street address changed will	ss of its registered office and the	e street address of the business office of its r	egistered agent,
Such change was authorized by th	s authorized by resolution duly a board, or the corporation has t	adopted by its board of directors or by an of been notified in writing of the change.	ficer so
	/	Amua linsky pre	SIDENT
	e of an officer or director)	(Printed or typed name and title	:)
I further agree to of my duties, and document is bei	a comply with the provisions of	gent and agree to act in this capacity, all statutes relative to the proper and compite the obligation of my position as registered of in the registered office address, I hereby change.	lete performance agent. Or, if this confirm that the
		10/405	
(Sig	nature of Registered Agent	(Date)	
If signing on bel	nalf of an entity:		
(1	yped or Printed Name)	-	

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