

P05000130064

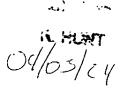
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doe	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to f	Filing Officer:	





200427006562

04/03/24--01008--007 **35.00



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: SemperTech, Inc. Name of Corporation		
DOCUMENT NUMBER: P05000130064		
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
David Gahring		
Name of Contact Person		
SemperTech, Inc.		
Firm/Company		
1617 Tayo Lane		
Address		
Jacksonville, FL 32223		
City/State and Zip Code		
david.gahring@sempertechinc.com		
E-mail address: (to be used for future annual repo	rt notification)	
	u.	
For further information concerning this matter, please	can:	
David Gahring	at (904) 742-5407 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Depart	tment of State.	
Mailing Address:	Street Address:	
Amendment Section		
Division of Corporations	Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation	organized ur		
		registered ag	gent, or both, in the State of Florida.	
1. The name of t	the corporation: SemperTech, Inc.		· •	
2. The principal	office address: 1617 Tayo Lane, Jac	cksonville, FL	. 32223	
3. The mailing a	ddress (if different): n/a			
4. Date of incorp	poration/qualification: 16 Sep 2005	5I	Document number: <u>P05000130064</u>	
	I street address of the current regis tment of State: (If resigned, enter	tered agent ar	nd registered office on file with the	
	resigned			
6. The name and (if changed):	I street address of the new register	ed agent (if cl	hanged) and /or registered office	
	David Gahring			
	1617 Tayo Lane			
	Jacksonville, Fl. 32223	P.O. Box NOT ac	cceptable	
The street addre as changed will	ess of its registered office and the be identical.	street addres	ss of the business office of its regist	ered agent.
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	idopted by its een notified i	s board of directors or by an officer in writing of the change.	SO
(/1 2	****	Dav	rid A. Gahring, President	
	of all officer or director		Printed or typed name and title	
I hereny accept I figthér agree t of my duties, an document lis bei corporation has	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept t ing filed merely to reflect a chang a heen notified in writing of this c	gent and agre ull statutes re he obligation ge in the regis hange.	e to act in this capacity, lative to the proper and complete p i of my position as registered agent stered office address, I hereby confi	verformance . Or, if this irm that the
		31 8	March 2024	
Sig	nature of Registered Agent		Date	
If signing on be	half of an entity:			
T ₁	yped or Printed Name	-		

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