P01000130813

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SECRETARY OF STATE STORE STATE SORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Tech Computers U. SA., IXC. (Name of Corporation)
DOCUMENT NUMBER: P07000130813
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:
TUANA BLANCH (Name of Contact Person)
(Name of Contact Person)
Tech Computers USA, TNC
510 NW 33 AVE
. (Addiess)
MiAmi, Fl 33,25 (City/State and Zip Code)
For further information concerning this matter, please call:
TVANA BLANCH at (305 305-53/3) (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (8/05)

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

				18, Florida Statutes, th the State of <u>Flor</u>		
		red office or registered			<u>. U.7</u>	•
1. The name of the c		Tech Com	poters 4	SA, INC.		
2. The principal office	ce address:5	10 NW 3	3 AF		· · ·	
		liami Fl	33/25	<u></u>		
3. The mailing addre	ess (if different):					
					10 6	
4. Date of incorporat	tion/qualification:	12/07	_ Document numbe	r: <u>P07000</u>	1308/	3
		ourrent registered ager gned, enter resigned)	nt and registered offic	ce on file with the		
	Patric	CIA BOBAC	LILA	· · · · · · · · · · · · · · · · · · ·		
	510 NI	N 33 AVE	-			
	Miam	i 1F1 33	125			밀
6. The name and stre (if changed):	et address of the n	new registered agent (if changed) and /or re	egistered office	D& DCT -9 PM 4: 8	SECRE TAI VISION OF
	JUA	UA BLANC	4		۵	34 C
	510 N	W 33 AVE			P# 1-	STA
		O. Box NOT acceptable)	15.3		100	증유
	MiAn		781		1~	٠,
The street address o as changed will be i	f its registered off dentical.	fice and the street ad	dress of the business	s office of its register	ed agent,	
Such change was au authorized by the ho	thorized by resolution or the corporate of the corporate	ution duly adopted b ration has been notif	y its board of directed in writing of the	ors or by an officer so change.	0	
(Signature of	an officer or director)		JUANA (Printed or i	A BCANCH Typed name and title)		
I further agree to co of my duties, and I a	omply with the pro am familiar with a iled merely to refl	ind accept the obliga lect a change in the r	s relative to the pro ition of my position	apacity. per and complete per as registered agent. ress, I hereby confirm	Or, if this	
-uD	1		10	16/08		
(Signatur	e of Registered Agent)			(Date)		
If signing on behalf	•					
JUANA BLANCHE	alkfisaldkfi or Printed Name)			•		
(1 ypc a	OLITHICOLIVADIC)				·	

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