(Requestor's Name)			
(Address)	60020756		
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(City/State/Zip/Phone #)	05/16/1101032		
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(Business Entity Name)			
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COVER LETTER

TO:	Amendment Section Division of Corporation	s					
SUBJECT: Lend Tech Corp Name of Corporation							
DOCU	JMENT NUMBER:	P09 0000	4461	9			
The en	closed Statement of Char	ige of Registered Offic	e/Agent a	nd fee are subn	nitted for filing.		
Please	return all correspondence	concerning this matte	r to the fo	llowing:			
		America					
		Name of Co	ntact Pers	on			
	Lend Tech Corp						
		Firm/C	ompany				
		2013 Bar	kwood (Ct Ct			
			ress				
		Mobile, /	AL 36609	a			
		City/State a					
		maggie@ler	id-tech c	om			
	E-mail add	ress: (to be used for t	future ann	nual report not	tification)		
For fur	ther information concern	ing this matter, please	call:				
	America La		at (786 ₎	346-0787		
	Name of Contac	Person	Ar	ea Code & Day	time Telephone Number		
Enclos	ed is a \$35.00 check mad	e payable to the Depar	tment of S	State.			
	Amend Division P.O. B	ment Section on of Corporations ox 6327 assee, FL 32314		Street Address Amendment S Division of C Clifton Build 2661 Executive Tallahassee,	Section Corporations ling ive Center Circle		

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

statement of cha	nge is submitted for a co	orporation organized	07.1508, or 617.1508, Flo under the laws of the Stat	te of Florida
in orde	er to change its registered	l office or registered	agent, or both, in the Stat	e of Florida.
	the corporation: Lend			
2. The principal	office address: 2013 B			
**************************************		AL 36609		
3. The mailing a	address (if different): 82		# B	
<u></u>		iami FL 33173		D00000044540
	poration/qualification:		_ Document number:	P09000044519
	d street address of the cur rtment of State: (If resign	-	and registered office on f	ile with the
	America Lamorell			
	14331 SW 120 St	# 101		TACE 2
	Miami, FL 33186			
6. The name and (if changed):	d street address of the nev	w registered agent (if	changed) and /or register	ed office of the second of the
	Barbara Serrano			
	8271 SW 107 Ave	<u> </u>		
	Minus El 20400	P.O. Box NOT acco	eptable	
	Miami, FL 33186			and the state of t
- A			ress of the business offic	
	as authorized by resolut he board, or the corpora which is a strice of director	ion duly adopted by tion has been notifie	its board of directors or ed in writing of the change have a printed or typed name	morell, Presiden
I further agree of my duties, ar document is be corporation ha	to comply with the prov nd I am familiar with an ing filed merely to reflec s been notified in writing	istered agent and ag isions of all statutes d accept the obligat et a change in the re g of this change.	gree to act in this capacity relative to the proper an ion of my position as registered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
Barba	•	ノ 	0/10/11	
	gnature of Registered Agent		, , Date	
7	vped or Printed Name			

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