P10000079383

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						





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01/14/13--01009--014 **35.00



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COVER LETTER

TO:	ΓO: Amendment Section Division of Corporations								
SHR I	ECT: S	howtech Solutions, Inc.							
SUD	ECT	Name of Cor	poration						
DOC	UMENT NI	UMBER:P10000079383							
The e	nclosed Stat	ement of Change of Registered Office/	Agent and fee are submitted for filing.						
Please	e return all c	orrespondence concerning this matter t	o the following:						
		Cary B. Sh	owalter						
	Name of Contact Person								
		Showtech Solu	itions, Inc.						
		Firm/Con	pany						
		2908 West Bay to Bay	Avenue, Suite 104						
		Addre	SS						
		Tampa, Flori	da 33629						
	City/State and Zip Code								
		cshowalter@showtechsolut	ons.com						
		E-mail address: (to be used for fut	ure annual report notification)						
For fu	orther inform	nation concerning this matter, please ca	II:						
С	ary B. Sh	owalter	813 793-4700						
 .	Na	ime of Contact Person	at (National Properties of the National Propert						
Enclo	sed is a \$35.	.00 check made payable to the Departm	ent of State.						
		Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section 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

•	•		02, 607.1508, or 617.1508, Florid mized under the laws of the State (
•	-		tered agent, or both, in the State o	· ——			
1. The name of t	he corporation:	Showtech Soluti	ions Inc.				
2. The principal	2. The principal office address: 2908 West Bay to Bay Avenue, Suite 104, Tampa, Florida 33629						
3. The mailing a	ddress (if differer	nt):					
4. Date of incorp	oration/qualifica	tion: 09/29/2010	Document number: P10	000079383			
5. The name and	street address of		agent and registered office on file	7.00			
	Wiand Guerra King						
	3000 Bayport Drive, Suite 600						
	Tampa, FL	33607		_ PB			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	Wiand Guer	ra King P.L.					
	5505 West (Gray Street					
	-	P.O. Box NO	T acceptable				
	Tampa, FL	33609					
The street address changed will	ess of its registere be identical.	ed office and the stree	t address of the business office of	f its registered agent,			
_	as authorized by rate board, or the co	resolution duly adopte orporation has been no	d by its board of directors or by a otified in writing of the change.	an officer so			
(an BS	The		Cary B. Showalter, PS				
I hereby accept I further agree to performance of	is ancument is be	as registered agent and e provisions of all sta am familiar with and ing filed merely to ref	Printed or typed name and agree to act in this capacity. tutes relative to the proper and cacept the obligation of my posit lect a change in the registered of in writing of this change.	omplete ion as registered			
Com	- QCAM	m	& June my 2	013			
Sign	nature of Registered Ag	gent	Date	 			
If signing on be	half of an entity:						
George Gu	erra						
Ty	yped or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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