(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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MAR 1 9 2015 T. CARTER

COVER LETTER

TO:	Amendn Division	nent Section of Corporations		
		hnology Accelerator Corp		
SUBJ	ECT:	Name of Co	rporation	
		P13000084634	•	
DOC	UMENT N	TUMBER:		
The e	nclosed Sta	atement of Change of Registered Office	Agent and fee are submitted for filing.	
Please	return all	correspondence concerning this matter	to the following:	
		Frank Moody		
Name of Contact Person				
Technology Accelerator Corporation				
Firm/Company				
11 Riverside Dr., #206				
		Addre	ess	
Cocoa FL 32922 City/State and Zip Code				
		E-mail address: (to be used for fu	ture annual report notification)	
For fi	rther infor	mation concerning this matter, please ca	all:	
Fran	k Moody		321 252-2125	
	N	lame of Contact Person	at () Area Code & Daytime Telephone Number	
Enclo	sed is a \$3:	5.00 check made payable to the Departr	nent 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

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida $\mathfrak L$ inge is submitted for a corporation organized under the laws of the State of $\mathfrak L$ r to change its registered office or registered agent, or both, in the State of F	Florida	this ——	_	
1. The name of t	he corporation: Technology Accelerator Corp.				
2. The principal Orlando, F	office address: 7512 Dr. Phillips Blvd. 50-117				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 10/15/2013 Document number: P13000	008463	4		
	street address of the current registered agent and registered office on file with the transfer of State: (If resigned, enter resigned)	th the			
	Judith, Michael A				
	7512 Dr. Phillips Blvd.		_	₹	
	Orlando, FL 32819		5 MAR	SECRE	
6. The name and (if changed):	fice	91	TARY OF ASSEE.		
	InCorp Services, Inc.		PH 12: 40	0.E.S. 1.S. 2.	
	17888 67th Court North		0	ATE RIDA	
	P.O. Box NOT acceptable Loxahatchee, FL 33470				
The street addre	ess of its registered office and the street address of the business office of its be identical.	s registe	red age	ent,	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.					
Signatu	Frank Mody (Printed or typed name and title		don	Ť	
performance of agent. Or, if th	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and come my duties, and I am familiar with and accept the obligation of my position is document is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change.	as regis	stered :s, I		
MW	March 4, 2015				
J	half of an entity: Date				
Natalie Bale	on behalf of Incorp Services, Inc.				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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