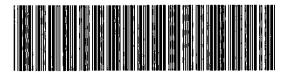
## D14000014A

	equestor's Name)	
(Ne	rquestoi s Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	ısiness Entity Naı	me)
(Dc	ocument Number)	<u> </u>
•	,	
Certified Copies	Certificate	e of Statue
ocianos oopies		
Special Instructions to	Filing Officer:	
,		
		•
		•

Office Use Only



800277882338

10/12/15--01021--015 \*\*35.00



WHEN TO FOOD

## **COVER LETTER**

TO;	Amendmen Division of	t Section Corporations	
SUBJ	ECT:	ASTHA TECHNOLO Name of Corp	
DOC	UMENT NU	MBER: P14000066626	
The e	nclosed Staten	nent of Change of Registered Office/A	Agent and fee are submitted for filing.
Please	return all cor	respondence concerning this matter to	the following:
	ct Person		
	pany		
	S		
	-	City/State and Z	Zip Code
		documents@ind E-mail address: (to be used for futu	corp,com re annual report notification)
For fu	rther informat	ion concerning this matter, please call	:
<u></u>	Nam	e of Contact Person	at () Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00	check made payable to the Departme	ent of State.
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of change i	isions of sections 607.0502, 6 is submitted for a corporation change its registered office or	organized under the	avs of the State of	Florida
	orporation: ASTHA TECHI		,	
2. The principal office	te address: 10223 Isle Wyr	nd Ct., Boynton Be	ach, FL 33437	
3. The mailing address	ss (if different):			
4. Date of incorporati	ion/qualification: 08/11/20	14 Documer	t number: P1400	00066626
5. The name and stree	et address of the current regis nt of State: (If resigned, enter a	tered agent and registe		
LEC	GALINC CORPORATE	SERVICES, INC.		_
523	37 Summerlin Commons	3		-
For	t Myers, FL 33907			- - 21°.
6. The name and stree (if changed):	et address of the new registere			ffice
InC	Corp Services, Inc.			12
178	200 67th Count Month	ox NOT acceptable		
Lox	P.O. B kahatchee, FL 33470	ox NOT acceptable		
The street address of as changed will be id	fits registered office and the dentical.	street address of the b	usiness office of i	ts registered agent,
	thorized by resolution duly act ard, or the corporation has be	dopted by its board of een notified in writing KISLOW	directors or by an of the change.	officer so Possident +(
I hereby accept the a I further agree to con performance of my di	n officer or director appointment as registered age mply with the provisions of a futies, and I am familiar with cument is being filed merely t the corporation has been not	ent and agree to act it Il statutes relative to a and accept the obliga	n this capacity. he proper and con ution of my position	mplete n as registered
J. B			August 27, 201	5
	of Registered Agent		Date	
If signing on behalf o	•			
Sara Brautigar	m on behalf of Incorp S Printed Name	Services, Inc.		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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