P15000033584

(Re	questor's Name)			
· (Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Techni Inc.			
Name of Corporation			
DOCUMENT NUMBER: P15000033584			
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:			
Parul Sharma			
Name of Contact Person			
Techni Inc.			
Firm/Company			
18140 Boca Way Dr.			
Address			
Boca Raton, FI - 334908			
City/State and Zip Code			
parul.simla@hotmail.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Parul Sharma (305) 457-8506			
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
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 char	nge is submitted for a corpor	102, 617.0502, 607.1508, or 617.1508, Florida Statutes ration organized under the laws of the State of Florida ice or registered agent, or both, in the State of Florida.	
1. The name of ti	ne corporation: Techni Ir	nc.	_
2. The principal	office address: 18140 Bo	oca Way Dr., Boca Raton, Fl - 33498	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 04/	11/12015 Document number: P15000033	584
5. The name and		registered agent and registered office on file with the	
	American Safety Co	ouncil, Inc.	
	5125 Adanson St.,	Suite 500	38.416
	Orlando, Fl - 32804		78
6. The name and (if changed):	street address of the new rep	gistered agent (if changed) and /or registered office	ARY OF S
	Parul Sharma		
	18140 Boca Way D		SHO CL
	Boca Raton, FI - 33	P.O. Box NOT acceptable	
	ss of its registered office an be identical.	d the street address of the business office of its regist luly adopted by its board of directors or by an officer has been notified in writing of the change.	
Parul Charma Parul Sharma, Director			
I harahy account	e of an officer or director the appointment as register o comply with the provision my duties, and I am familia s document is being filed m that the corporation has bet	Printed or typed name and title red agent and agree to act in this capacity. as of all statutes relative to the proper and complete r with and accept the obligation of my position as reg erely to reflect a change in the registered office addre en notified in writing of this change.	ristered ess, I
Pare	(Charma	04/24/2017	
ū	sture of Registered Agent	Date	
	half of an entity: / fck Te	chnj Inc)	
Parul Shari	na ped or Printed Name		
1;	han or remember source		

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 * * *