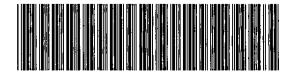


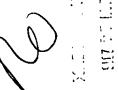
(Re	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





01/12/16--01020--024 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Change of address of Registered Agent

Name of Corporation

DOCUMENT NUMBER: Supertechs R US, Inc.

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:

Ashok Kumar

Name of Contact Person

Supertechs R US, INC

Firm/Company

9635 Savona Winds Dr

Address

Delray Beach, FL 33446

City/State and Zip Code

ashokprog@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashok Kumar

, 561

827-0808

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 chang	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
	e corporation: Supertechs R Us, INC.
2. The principal o	ffice address: 9635 Savona Winds Dr ach, FL 33446
	dress (if different):
4. Date of incorpo	oration/qualification: 11-10-2015 Document number: P15000093347
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Ashok Kumar
	2457 Quantum Blvd
	Boynton Beach, FL 33446
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office
	Ashok Kumar 2 1
9	9635 Savona Winds Dr,
<u> </u>	P.O. Box NOT acceptable Program Progr
The street addres as changed will b	s of its registered office and the street address of the business office of its registered agent, e identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
	Ashok Kumar
I hereby accept to I further agree to performance of n agent. Or, if this	he appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. The appointment is provisions of all statutes relative to the proper and complete and lam familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I had the corporation has been notified in writing of this change.
Signa	nture of Registered Agent Date
If signing on beh	alf of an entity:
Тур	ped 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 * * *