P16000067575

(Red	questor's Name)							
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PICK-UP	MAIT	MAIL						
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Certified Copies	Certificates	s of Status						
Special Instructions to I	Filing Officer:							
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C. CARROTHERS

COVER LETTER

SUBJECT: Aunner Executive Management FAC
Name of Corporation DOCUMENT NUMBER: 17/60000 67575
DOCUMENT NUMBER: 170000 67373
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:
Name of Contact Person
,
Runner Technologies Firm/Company
· · ·
6530 W. Rogers Cr. STe 31
11051000
Boca Raton Fl 33487 City/State and Zin Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
michael LaPlante at 561, 910-7203

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

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

Area Code & Daytime Telephone Number

CR2E045 (03/12)

TO:

Amendment Section Division of Corporations

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

Pursuant to the statement of cha	provision mge is su	s of sec. hmitted	tions 607.0	0502, 61 oration (7.0502, 6 organize	507.15 d unde	08, or er the l	617,150 aws of th	8, Floria he State a	la Stat of	utes, this	da
in orde	er to chan	ge its re	gistered o,	ffice or r	egistered	l agen	t, or be	oth, in th	ne State d	of Flor	rida.	_
1. The name of 2. The principal	the corpor	ration:	Ruan 65	er #	itec M	o Ti	ve , Ro	man qer	9,9e	mei r.	sTe	3/
B	0 C 9	Rai	Ton,	FI	33	4	87	/	-			
3. The mailing a												
												
4. Date of incorp	poration/c	jualifica	tion:	8/1	6/16	_ Do	cumen	t numbe	r: <u> </u>	600	0006	7575
5. The name and Florida Depart						t and	registe	red offic	e on file	with t	he	
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	119	nto	sou.	1	FI	3	33	24	<i>'</i>	_		· SE
6. The name and (if changed):	d street ad	dress of	the new r	egistered	l agent (i	f chan	ged) a	nd /or re	gistered	office	ا ما حدد رابع و ال	
		Kev	in	Kun	ner	`	<u>-</u> -			_		; ;
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The street addre	ess of its r	egistere cal.	d office a	nd the st	reet add	ress o	f the b	usiness	office of	its re	gistered a	gent,
Such change wa authorized by th	s authoriz e board, e	zed by r	esolution orporation	duly ado has bee	pted by n notifie	its boa d in w	ard of riting	director of the c	s or by a hange.	n offic	cer so	
Herri	re of an offic) Lun	nez		_		11	ed or type	name and	17 M	1er	_
I hereby accept I further agree to performance of agent. Or, if thi hereby confirm i	the appoi to comply my duties is docume that the c	ntment with th , and I o nt is be orporat	as registe e provisio am familio ing filed n ion has be		nt and ag statutes ind accep reflect d ied in wr	ree to relati ot the chan					e registerea ldress, I	i
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Sign f signing on bel			ent		_			Da	te			
Tv	ped or Printe	d Name										
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)