P94000065488

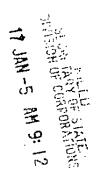
(Re	questor's Name)	,
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		





800291360438

01/05/17--01008--023 **35.00



JAN 10 ESTAIR

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: TECH CONSULTING, INC

Name of Corporation

DOCUMENT NUMBER, P94000065488

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:

CHARLES CASTIGLIONE

Name of Contact Person

TECH CONSULTING, INC

Firm/Company

4163 UNIVERSAL AVE

Address

THE VILLAGES, FL 32163

City/State and Zip Code

TECHCONSULTINGINC@EARTHLINK.NET

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

For further information concerning this matter, please call:

CHARLES CASTIGLIONE

_{at (}407

252-4881

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ in order to change its registered office or register	ized under the laws of the State of FLORIDA
1. The name of the corporation: TECH CONSULTI	
2. The principal office address: 4163 UNIVERSAL	AVF
THE VILLAGES, FL 32163	Att
3. The mailing address (if different): SAME	3,
3. The maning address (if different).	
4. Date of incorporation/qualification: 09/1/1994	Document number: P94000065488
5. The name and street address of the current registered a	
Florida Department of State: (If resigned, enter resigned) Charles Castiglione	
	Sandra Hamplin S 1407 Mink Drive S Apopka Pl 32703
1407 Mink DRIVE	1901 MINK DRIVE
Apop Ka, FL 32703	1 ApopKa, F1 32703/ &
6. The name and street address of the new registered ager (if changed):	nt (if changed) and /or registered office
CHARLES CASTIGLIONE	
4163 UNIVERSAL AVE	
P.O. Box NOT	acceptable
THE VILLAGES, FL 32163	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so tified in writing of the change.
Charles Castigliono	CHARLES PSTIGUONE Printed or typed name and title
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in	d agree to act in this capacity. utes relative to the proper and complete ccept the obligation of my position as registered ect a change in the registered office address, l n writing of this change.
Ohares Costinguiores Signature of Registered Agent	//03/17
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FE	E: \$35.00 * * *

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