573434

 (Re	questor's Name)			
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PICK-UP	MAIT	MAIL		
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Certified Copies Certificates of Status				
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10/01/08--01016--007 **35.00

COVER LETTER

Division of Corporations
SUBJECT: Techni - Lux, INC. (Name of Corporation)
DOCUMENT NUMBER: S73434
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:
Cesar Gontalez (Name of Contact Person)
Techni-Lux, Inc. (Firm/Company)
10900 PALMBAY Drive
Orlands, FL 32824 (City/State and Zin Code)
For further information concerning this matter, please call:
ALEX GONZALEZ (Name of Contact Person) at (467) 857-8770 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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 fo	ns 607.0502, 617.0 r a corporation org stered office or regi	anized under the l	tws of the State of	FLO	RID	4	
1. The name of the	he corporation:	Techni-L	ux, Irc.					
2. The principal	office address:	10900 Pal						
		Orlando 1	FL 32824					
3. The mailing a	ddress (if different)):	<u> </u>					
4. Date of incorp	oration/qualification	on: <u>8/13/19</u>	7 Document	number: S	734	34		
		he current registered resigned, enter resig		red office on file w	rith the			
	Luciano	SALVATI				_4		
	10779	Satellite B	lvJ		2	SEC	08	
		, FL 328			_ ;	RETA	ÓB OCT ÷	417-EF
6. The name and (if changed):	street address of the	ne new registered ag	gent (if changed) a	nd /or registered of	ffice	RY OF	P	5
	Lucian	O SALVATI			;	STATE	2:0	£
	10900 P	(P.O. Box NOT accepta	ive				Q)	
		(P.O. Box NOT accepta						
The street addre	ss of its registered	office and the stre		business office of	its regi	stered	agent,	
Such change wa authorized by the	as authorized by re the board, or the co	esolution duly adop rporation has been	oted by its board on notified in writing	f directors or by a g of the change.	n office	er so		
Ces A (Signatu	re of an officer or direction	or)	Cesan	GONZALEZ Printed or typed name and	d title)	ρ,		
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment of o comply with the d I am familiar wi ng filed merely to been nafified in y	ns registered agent provisions of all s ith and accept the c reflect a change in writing of this chan	and agree to act i tatutes relative to obligation of my p the registered off ge.	in this capacity. the proper and co osition as register fice address, I her	mplete ed agei eby con	perfor nt. Or nfirm th	mance if this at the	3
(Sig	gnature of Registered Ag	ent)	9	Zc/08 (Date)				
If signing on be	half of an entity:							
	yped or Printed Name)							

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