P130000 19519

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



400325810154

Q3/12/19--01014--030 ★+35.00

PAR 12 PH TO 10 PH AND 12 PH

MAR 22 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations AZION TECHNOLOGIES, INC. P13000019519 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: Marsha Siha Name of Contact Person Incfile.com LLC Firm/Company 17350 State Hwy 249 #220 Address Houston TX 77064 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Marsha Siha Name of Contact Pe rson Enclosed is a \$35.00 check mad Payable to the Department of State. Street Address: **Mailing 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 cha	inge is submitted for a corporation of	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.		
1. The name of	the corporation: AZION TECHN	IOLOGIES, INC.		
2. The principal	office address: 3000 El Camin	o Real Suite 200		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 02/28/201	3		
	d street address of the current register rtment of State: (If resigned, enter res	ed agent and registered office on file with the igned)		
	JAMES BAKER			
	3735 SW 8th ST. SUITE	101		
	CORAL GABLES, FL 33	134	FI	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office		
	LEGALINC CORPORAT	E SERVICES INC.		
	5237 SUMMERLIN COMMONS STE 400			
	FORT MYERS, FL 3390	NOT acceptable		
The street addr	ess of its registered office and the st l be identical.	reet address of the business office of its registered agent,		
		pted by its board of directors or by an officer so in notified in writing of the change.		
- Rafo	uel Umann ure of an officer or director	RAFAEL UMANN - PRESIDENT		
I hereby accept I further agree performance of agent. Or, if th	t the appointment as registered agen to comply with the provisions of all f my duties, and I am familiar with a	t and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as registered reflect a change in the registered office address, I		
juti	Schmenti mature of Registered Agent	02/28/2019		
If signing on bo	chalf of an entity:			
• •	CLIMENTI - DIRECTOR	•		
	Exped or Printed Name			

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 * * *