L08000004589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
10 DEC 10 PM 3:26

T. HAMPTON
DEC 13 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legal Solutions Group, P.L.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mayra Rojas
Name of Person

Legal Solutions Group, P.L.
Firm/Company

18305 Biscayne Blvd., Suite 200
Address

Aventura, FL 33160
City/State and Zip Code

MRojas@LegalSolutionsGrp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mayra Rojas at (305) 895-5699
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

[X] $25 Filing Fee

[ ] $55 Filing Fee & Certified Copy

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 DEC 10 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 24, 2010

MAYRA ROJAS
18305 BISCAYNE BLVD
STE 200
AVENTURA, FL 33160

SUBJECT: LEGAL SOLUTIONS GROUP, P.L.
Ref. Number: L08000004589

We have received your document for LEGAL SOLUTIONS GROUP, P.L. and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 710A00027585

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Legal Solutions Group, P.L.

2. (a) Principal office address of limited liability company: 18305 Biscayne Blvd., Suite 200
Aventura, FL 33160

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 18305 Biscayne Blvd., Suite 200
Aventura, FL 33160

(Note: MAY BE POST OFFICE BOX)

01/14/2008
3. Date of filing/registration in Florida

L08000004589
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Jose M Chanfrau, IV

Registered Office Address: 18305 Biscayne Blvd., Ste 200
Aventura, FL 33160

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: ~~Legal Solutions Group, P.L.~~ MARTY DAVIS

NEW Registered Office Address: 18305 Biscayne Blvd., Suite 200
(MUST BE FLORIDA STREET ADDRESS)
Aventura, FL 33160

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

FILED
2008 DEC 10 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of a member or authorized representative of a member

Marty E Davis
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Marty E Davis

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (05/08)