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C. LEWIS

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EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: Nu Solutions International, LLC 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:			
Margaret A. Young Name of Person	<del>n: = πο</del>		
Nu Solutions International, LLC Firm/Company			
3208-C E. Colonial Dr., #150			
Orlando, FL 32803 City/State and Zip Code	<u></u>		
E-mail address: to be used for future admual report notification)			
For further information concerning this matter, please call:			
Margaret Young at (	407 ) 222.6982 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:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## 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: No Solo	tions International, LLC
2. (a) Principal office address of limited liability company	4 - 0   10   4
(Note: MUST BE STREET ADDRESS)	Orlando, FL 32803
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	3208-C E. Colonial Dr., #150 Orlando, FL 32803
altlot	20-4713481 M0700000074
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Margaret Young
Registered Office Address:	-: 5034 BARTON DRIVE DO ORLANDO, FL 32807
	To:
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:
NEW Registered Agent: Same as before	ro change-Margaret Young
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3208-C E. Colonial Dr.
	0 Nando ,FL 32803
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Floand the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.  Mayart A. Joung  Signature of a member or authorized presentative of a member  Printed or typed name of signee	orida street address of the registered office cal. Or, in the case of a Florida finited was/were authorized by an affirmative vote vise provided in the articles of organization
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company Mayout a, Journal Signature of Refistered Agent	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Division of Corporations, P.O. Box 632	7, Tallahassee, FL 32314
FILING FEE: \$2	5.00