L060000 88005

(Daminghala Nama)						
(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:

A. LUNT

OCT -7 2011

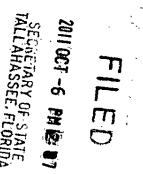
EXAMINER

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations					
SUB				UTIONS LLC Company		
Dear	Sir or Madam:					
The e	enclosed Registered Agent/Registered	Office C	Change and	d fee(s) are submitted	for filing.	
Pleas	e return all correspondence concernir	ng this ma	atter to the	e following:		
	DERLYS B FERNANDE	Z .				
	Name of Person					
-	J & D FINANCIAL SOLUTION	IS LLC			2011 OCT -6 SECRETAR TALLAHASS	. 4004
	Firm/Company			•	美夏 乌	_
					JARY ASSE	Γ
4145 W WATERS AVE Address					T9 2	ſ
	Address				Y OF-STAT	
	T.1.15.1 51 00011				ZA S	
	TAMPA FL 33614 City/State and Zip Code				D	
	Chy/State and Zip Code					
	leslyf 969@yahoo com	,		•		
	leslyf_969@yahoo.com E-mail address: (to be used for future annual repo	t notificatio	n)			
For f	urther information concerning this ma	atter, plea	se call:			
	Derlys B Fernandez	at (813)	454-550	0	
	Name of Person	(a Code & Daytime Telephone		
	STREET/COURIER ADDRESS:		MAIL	ING ADDRESS:		
	Registration Section			ation Section		
	Division of Corporations		Divisio	n of Corporations		
	Clifton Building			ox 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallaha	ssee, Florida 32314		
	Enclosed is a check for the follow	ing amo	unt:			
	\$25 Filing Fee		\$55 F	iling Fee & Certified	Сору	

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:	D FINANCIAL SOLUTIONS LLC
2. (a) Principal office address of limited liability compa	any: 4145 W Waters Ave Tampa FL 33614
(Note: MUST BE STREET ADDRESS)	4145 W Waters Ave Tampa FL 33614
(b) Mailing address of limited liability company:	SAME ADDRESS
(Note: MAY BE POST OFFICE BOX)	
09/07/2006	L06000088005
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	DERLYS B FERNANDEZ
Registered Office Address:	4137 W WATERS AVE TAMPA FL 33614
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	4145 W WATERS AVE
(MUST BE FLORIDA STREET ADDRESS)	
	TAMPA FL ,FL33614
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	ne laws of the State of Florida, it is hereby is Florida street address of the registered office entical. Or, in the case of a Florida limited is was/were authorized by an affirmative vote herwise provided in the articles of organization any.
Signature of a member of authorized representative of a member	
Derlys B Fernandez Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, it this document is being filed to had access, I hereby confirm that the limited liability compositions of Registered Agent	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

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