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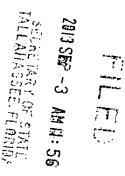
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COVER LETTER

TO: Registration Section Division of Corporations

1st Computer Solution, 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:

Brian Camphouse

Name of Person

1st Computer Solution, LLC.

2674 Country Club Rd. N

Winter Haven, FL 33881

City/State and Zip Code

1stcompsol@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Camphouse

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:

■ \$25 Filing Fee

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: 1st Computer Solution,	LLC.	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	2674 Country Club Rd. N. Winter Haven, FL 33881	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2674 Country Club Rd. N. Winter Haven, FL 33881	
01/03/2006	L06000000437	
3. Date of filing/registration in Florida	4. Document number	2013
5. (a) Registered Agent and Registered Office shown on t	the records of the Floric	da Dept. of State:
Registered Agent:	Camphouse, Brian S	SS 4
Registered Office Address:	3964 Lake Ned Village Cir.	
	3964 Winter Haven, FL 33884	<u> </u>
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent:	- Registered Office at	<u> </u>
NEW Registered Office Address:	2674 Country Club Rd. N.	
(MUST BE FLORIDA STREET ADDRESS)	Winter Haven	,FL 33881
If the limited liability company is not organized under the I confirmed that after the change or changes are made, the FI and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of tical. Or, in the case of	the registered office a Florida limited
Brian S Camphouse Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to meladdress. I hereby confirm that the limited liability company	gree to act in this capa per and complete perfo sition as registered age rely reflect a change in	city. I further agree to ormance of my duties, int as provided for in the registered office
Dra I aphouse	nas been notified in w	riting of this change.

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