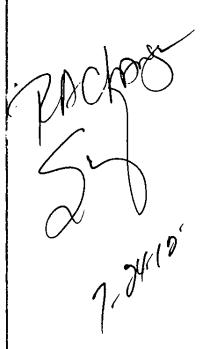
(Re	equestor's Name)			
(Ac	ddress)			
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PICK-UP	WAIT	MAIL		
(Bı	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

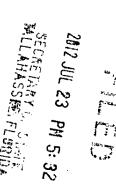




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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Latitude Solutions, Inc.

Name of Corporation

DOCUMENT NUMBER, F08000003402

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:

Angela Letizia

Name of Contact Person

Latitude Solutions, Inc.

Firm/Company

2595 NW Boca Raton Blvd., Suite 100

Address

Boca Raton, FL 33431

City/State and Zip Code

aletizia@latitudesolutions.net

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

For further information concerning this matter, please call:

Angela Letizia

,561

117-0644

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

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	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Flori organized under the laws of the State registered agent, or both, in the State	of Nevada	
	he corporation: Latitude Solut		,	
2. The principal	office address: 2595 NW Boc	a Raton Blvd., Suite 100		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 8/4/2008	BDocument number: F08	000003402	
	I street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file resigned)	e with the	
	Matthew J. Cohen			
	2595 NW Boca Raton Bl	vd., Suite 100	<del></del>	
	Boca Raton, FL 33431			
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered	ZBIZ JUL 23 SECRE JARY ALLASSAS	*** \( \lambda_1 \) \( \lambda
	Alan Bergman			Åi-±u± åi-±u±
	2595 NW Boca Raton Bl		PH 5:	Santa C
	Boca Raton, FL 33431	ox NOT acceptable	: 32 	પ ∄ર્જે
The street address changed will	ess of its registered office and the be identical.	street address of the business office of	of its registered agen	it,
		dopted by its board of directors or by een notified in writing of the change.		
1. then	re of an officer or director	Jeffrey A. Wohler, Pres		
I further agree performance of agent. Or, if th	to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and a and accept the obligation of my posi to reflect a change in the registered o ified in writing of this change.	tion as registered	
Alles	y.	7/19/2012		
	hattre of Registered Agent	Date		
	half of an entity:			
Alan Bergm	yped or Printed Name			

\* \* \* FILING FEE: \$35.00 \* \* \*