## 106000108160

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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SECRETARY OF STATE
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J. BRYAN

SEP 1 3 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ		SoFla Property Solutions, LLC  Name of Limited Liability Company		
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/Registered	Office C	Change and fee(s) are s	ubmitted for filing.
Please	e return all correspondence concerning	g this ma	atter to the following:	
	John Tironi			
	Name of Person			
	Firm/Company			
	,			
	1950 NE 6th Street, #167	1		
	Address		<del></del> -	AR CP
				ASS ASS
	Pompano Beach, Florida 33	061		["7] -<
	City/State and Zip Code	1001		E OF R
	·			3: 36 STATE FLORID
	PompanoProperties@gmail	com		를 해 <b>출</b>
Е	PompanoProperties@gmailmail address: (to be used for future annual report	notificatio	n)	* <del>-</del> "
For fi	orther information concerning this ma	tter, plea	ase call:	
	John Tironi	at (	954 )	496-0379
	Name of Person	_ `=	Area Code & Daytir	ne Telephone Number
	STREET/COURIER ADDRESS:		MAILING ADDRE	·22•
	Registration Section		Registration Section	
	Division of Corporations		Division of Corpora	
	Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle		Tallahassee, Florida	32314
	Tallahassee, Florida 32301			
	Enclosed is a check for the follow	ing amo	unt:	
	\$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.

Name of the limited liability company:Sc	Fla Property Solutions, LLC
2. (a) Principal office address of limited liability compan	y:1950 NE 6th Street, #1671
(Note: MUST BE STREET ADDRESS)	Pompano Beach, Florida 33061
(b) Mailing address of limited liability company:	1950 NE 6th Street, #1671
(Note: MAY BE POST OFFICE BOX)	Pompano Beach, Florida 33061
11 / 7 / 2006	L06000108160
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	John J Tironi
Registered Office Address:	1201 N. Federal Highway  Ste 2A, #4524  Pompano Beach FL 33304
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
NEW Registered Agent:	John Tironi
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1950 NE 6th Street, #1671
	Pompano Beach ,FL 33061
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida limited
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 pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.

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

Signature of Registered Agent