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COVER LETTER

TO:

•	COVER L	ETTER	20
TO: Registration Section Division of Corporations		·	Contraction of the second of t
ZeroHourSolutions, LLC			
SUBJECT:	of Limited Li	ability Company	
Name	or tamited ta	ability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the f	following:	
Stephen Hernek			
Name of Person	· <u>·</u> ···		
ZeroHourSolutions, LLC			
Firm/Company		_	
6586 W. Atlantic Ave #1013			
Address			
Delray Beach, FL 33446			
City/State and Zip Code steve@zerohoursolutions.com			
E-mail address: (to be used for future annu	al report notifi	cation)	
For further information concerning this matter, p	-		
Stephen Hernek	561	206-4583	
Stephen Hemek	_ at ()	
Name of Person		Area Code & Daytime Telephone Nun	iber
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following a	ımount:		
■ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy	
INHS18 (2/14)			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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 No	ZeroHourSol me of the limited liability company:	utions,	LLC	
2. (a)	6586 W. Atlantic Ave #1013	·	6586 V	V. Atlantic Ave #1013
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Delray Beach, FL 33446	(Mailing address of limited flability company: (Note: MAY BE POST OFFICE BOX) Beach, FL 33446
	03/01/2007 —	_	L070000	
 (a) 	Date of filing/registration in Florida Stephen Hernek	4.		Document number
J. (4)	Registered Agent and Registered Office shown on the records of 22271 Festival Way	the Florid:	Dept. of Stat	c:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES:	<u> </u>	20 KM
	Boca Raton Fi	33428	3	
չ (b)	Henry Laffer PA			7-8 PH 12: 45
• , ,	Enter name of NEW Registered Agent and/or NEW Registered 13590 JOG ROAD, Ste C6B	d Office ac	<u>ldress</u> :	5
	NEW Registered Office Address:			_
	Delray Beach	3344 L	6	_
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited there authorized by an affirmative vote of the members licles of organization by the operating agreement of the	iws of the e register iability c of the fir e limited	e State of F red office a ompany, it nited liabili	lorida, it is hereby confirmed that after the nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
	alurged a member or authorized representative of a member			Printed or typed name of signee
I here provise the obtained to me notification.	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and completivities of properties of properties as providing the properties of the properties	gree to ac e perforn ed for in Thereby (rt in this cap nance of m Chapter 60 confirm tha	pacity. I further agree to comply with the valuties, and I am familiar with and accept 15, F.S. Or, if this document is being filed at the limited liability company has been
Signa	are of Registered Agent			
	Division of Corporations • P.O FILING			assee, FL 32314