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J. BRYAN

OCT 26 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Superior Foundation Solutions, 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:
John Lang Name of Person
Superior Foundation Solutions Firm/Company
Grand Fl. 33634 Solutions Firm/Company Fi
Tampa, FL 33634 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Lang at (3/3) 443-5147 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 & 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.

1. Name of the limited liability company: Superio	r Faindation Solutions, LLC		
2. (a) Principal office address of limited liability company			
(Note: MUST BE STREET ADDRESS)	5225 Ehrlich Rd. Svite F Tampa, Fl. 33634		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	same as above		
4/29/2010	L 0 70000 48/6 2. 4. Document number		
5. (a) Registered Agent and Registered Office shown on t	· · · · · · · · · · · · · · · · · · ·		
Registered Agent:	John Quinones		
Registered Office Address:	5225 Ehrlich Rd. suite F Tampa, FL 33634		
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address:		
NEW Registered Agent:	John Quinones		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Superior Foundation Solutions, LCC 6/102 Benjamin Road Suite #100 Tampa ,FL 33638		
If the limited liability company is not organized under the I confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of simember of authorized representative of a member Printedor 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 and I am familiar with and accept the obligations of my pochapter 508, F.S. Or, if this document is being filed to mendadress, I hereby confirm that the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization		
Division of Corporations, P.O. Box 63:	27, Tallahassee, FL 32314		
FILING FEE: \$25.00			
INHS18 (05/08)			