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(F	Requestor's Name)
A)	Address)
<u> </u>	Address)
(C	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	Business Entity Name)
(D	Pocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
1	SFLIERS

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EXAMINER

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COVER LETTER

Registration Section

TO:

Division of Corporations Corpus Business Solutions, LLC SUBJECT: 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: Eduardo Lugo Name of Person Corpus Business Solutions, LLC Firm/Company 10524 Moss Park Rd., Suite 204-311 Address Orlando, FL 32832 City/State and Zip Code elugo@corpusbiz.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eduardo Lugo Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$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:	Corpus Business Solutions, LLC
2. (a) Principal office address of limited liability con	mpany: 10524 Moss Park Rd.
(Note: MUST BE STREET ADDRESS)	Suite 204-311 Orlando, FL 32832
(b) Mailing address of limited liability company:	10524 Moss Park Rd., Suite 204-3
(Note: MAY BE POST OFFICE BOX)	Suite 204-311 Orlando, FL 32832
06/11/2007	L07000061010
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	on on the records of the Florida Dept. of State:
Registered Agent:	Eduardo Lugo
Registered Office Address:	6445 South Chickasaw Trail
	Suite 267 Orlando, FL 32829
NEW Registered Agent:	Eduardo Lugo
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	-
(MUST BE FLORIDA STREET ADDRESS)	Suite 204-311
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability confirment of a member of a member of the limited liability confirment of the limited liability confirment of Registered Agent of Registered Agent	the Florida street address of the registered office identical. Or; in the case of a Florida limited nge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization mpany.
	ov 6327 Tollohasson FI 32314

FILING FEE: \$25.00