## L08000002770

(Re	equestor's Name)			
. (Ad	Idress)			
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(Cir	ty/State/Zip/Phone	e #)		
PiCK-UP	WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	SOLO ENTERPRIZE, LLC				
5011,11		Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning this m	natter to the	following:		
BILL	HAVRE				
•	Name of Person		_		
REGI	ISTERED AGENT, INC				
	Firm/Company		Manage Control of the		
3030	N. Rocky Point Dr. STE 150A				
	Address		<b></b>		
Tamp	oa, Florida 33607				
	City/State and Zip Code		_		
INFO	@SOLOETP.COM				
Ē	-mail address: (to be used for future annual	report notifi	cation)		
For fur	rther information concerning this matter, ple	ase call:			
SHO	ONOLD JADIS	732	2182758		
	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	<b>□</b> \$5	5 Filing Fee & Certified Copy		
INHS18	8 (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 10/14	u.		
1. N	ame of the limited liability company: SC	LO ENTERPRIZE, LLC	
2. (a)		(b)	
	Principal office address of limited liability (Note: MUST BE STREET ADDR	company: Mailing address of limited liability	
	75 N Woodward Ave #88950	75 N Woodward Ave #88950	
	Tallahassee, FL 32313	Tallahassee, FL 32313	
	JANUARY 02, 2008	L08000002770	
3.	Date of filing/registration in Flo	rida 4. Document number	
5. (a)	742 LADY DIANA DRIVE DAVEN	PORT, FL 33837	
J. (4,	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
	Registered Office Address (MUST BE FLOR	DA STREET ADDRESS)	2
	3030 N. Rocky Point Dr. STE 150	IA ESS	当力
	TAMPA	FL 33607	18 1
(b)	REGISTERED AGENTS INC.	SEE	FILEU ANI: 27
` `	Enter name of NEW Registered Agent and/or NI	W Registered Office address:	
	REGISTERED AGENTS INC.		<b>ئے</b> ۔ ہے
	NEW Registered Office Address:		
	3030 N. Rocky Point Drive, STE	150A	
	Tampa	. <sub>FL</sub> 33607	
the ch agent was/w the art	ange or changes are made, the Florida stre will be identical. Or, in the case of a Flori rere authorized by an affirmative vote of the cicles of organization or the operating agreature of a member or authorized representative of a second control of the cicles.	SHOONOLD JADIS  Printed or typed name of signee	the registered change(s) provided in
provis the ob to men	by accept the appointment as registered a ions of all statutes relative to the proper a ligations of my position as registered ager ely reflect a change in the registered offic al in writing of this change.	gent and agree to act in this capacity. I further agree to con nd complete performance of my duties, and I am familiar wi t as provided for in Chapter 605, F.S. Or, if this document e address, I hereby confirm that the limited liability compan	nply with the th and accept is being filed y has been

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

Bill Havre/Assistant Secretary

Signature of Registered Agent