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Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: NEXT SOLUTION Name of Limited	Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
JASON WHITMER			
Name of Person NEXT SOLUTION, LLC Firm/Company			
420 HIGHLAND AVE			
City/State and Zip Code			
JWHITMERE POBOX. CO E-mail address: (to be used for future annual report notification	O M		
For further information concerning this matter, plea	ase call:		
JASON WHITMER at (at (407 340-9867 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	\$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.

Mry <	ALLITICIAL IIIC
1. Name of the limited liability company:NEXTS	0/0/100,000
2. (a) Principal office address of limited liability company:	420 HIGHLAND AVE
(Note: MUST BE STREET ADDRESS)	ORLANDO, FL 32801
(b) Mailing address of limited liability company:	420 HIGHLAND AVE
(Note: MAY BE POST OFFICE BOX)	ORLANDO FL 3 2801
02/07/2008	L08000014003
O2/07/2008 3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	JASON WHITMER
Registered Office Address:	71 EAST CHURCH ST
registered office reduces.	ORLANDO FL 32801
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	420 HIGHLAND AVE
MOST BE TEORIDA STREET ADDRESS	ORLANDO ,FL 3280/
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork the operating agreement of the limited liability company. Signature of a member or authorized representative of a member JASON BUHTMER Printed or typed name of signee	orida street address of the registered office cal. Or, in the case of a floridal imited was/were authorized by a floridal imited vise provided in the articles of organization
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company	ree to get in this capacity. I further agree to ber and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
NUMBER OF RECIPIED B CONT	

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