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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Dusiness Fatility Name)					
(Business Entity Name)					
(Document Number)					
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ALLAHASSEF F STATE

D. BRUCE

JUL 2 4 2009

EXAMINER

COVER LETTER

_	of Corporations				
Division	or corporations				
•	D 10 T				
SUBJECT:					
•	Name of	Limited	d Liability	Company	
Dear Sir or Mada	ım:				
The enclosed Rep	gistered Agent/Registered	Office (Change an	d fee(s) are submitte	ed for filing.
Please return all	correspondence concernin	g this m	atter to the	e following:	
	Dinu H. Shah				
	Name of Person				
R/S	Tech-Prob Solutions, L	LC			4
	Firm/Company				AES S
					AR S
208 Nor	th US High way One U	nit # 10)		ASA
208 North US High way One, Unit # 10 Address				L 23 TARY I ASSEE	
					<u></u> ಕ ತ
	T				PH 2: 13 OF STATE E. FLORID
	Tequesta, FL 33469 City/State and Zip Code				X
	City/State and Zip Code				S ^m ω
	rstechsoln@gmail.com				
E-mail address:	rstechsoln@gmail.com (to be used for future annual report	notification	on)		
For further inform	mation concerning this ma	tter, ple	ase call:		
D	inu H. Shah	at (_	561)	575-2	229
Na	ume of Person		Are	a Code & Daytime Teleph	one Number
STDFFT/	COURIER ADDRESS:		MAII	ING ADDRESS:	
Registratio				ration Section	
	of Corporations		_	on of Corporations	
Clifton Bu				ox 6327	
	cutive Center Circle			assee, Florida 32314	
	e, Florida 32301			,	
Enclosed	is a check for the follow	ing amo	ount:		
√ \$25 Fi	ling Fee		\$55 F	Filing Fee & Certific	ed 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:	R/S Tech-Prob Solutions, LLC
2. (a) Principal office address of limited liability comp	pany: 208 North Us Hwy One, Unit # 10
(Note: MUST BE STREET ADDRESS)	Tequesta, FL 33469, USA
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
July 24, 2008 3. Date of filing/registration in Florida	<i>LO800060779</i> / 4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	LegalZoom
Registered Office Address:	7083 Hollywood Blvd, Suite 180 Los Angeles, CA 90028
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address & T
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	208 N. US Hwy One, Unit 10
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	
Printed or typed name of signee	
I hereby accept the appointment as registered agent an comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.

Signature of Registered Agent