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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

OG SEP - L AM II: 10

T. HAMPTON

SEP - 8 2009

EXAMINER

COVER LETTER

TO;	Registration Section Division of Corporations	,	
SUBJECT: LP Customer 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:			
Lakeisha Pierce Name of Person			
LP Customer Solutions LLC Firm/Company			
3081 E. 601F Blvd U-19 Address			
Pompano Beach, F1, 3306 U City/State and Zip Code			
E-mail address: (to be used for fluture annual report notification)			
For further information concerning this matter, please call:			
	eisha Pierce at o	(305) 609 - 4/56 7 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.

agent, or both, in the state of Florida.			
1. Name of the limited liability company: 1	ner Solutions LLC		
2. (a) Principal office address of limited liability company:			
(Note: MUST BE STREET ADDRESS)	2081 East bolf Blud - U-19 Fompano Brach, Fl 33064		
(b) Mailing address of limited liability company:	<u></u>		
(Note: MAY BE POST OFFICE BOX)	2281 Bast Golf Blud, U-19 Dempero Beach, El 33064		
3. Date of filing/registration in Florida	1. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	Lakeisha Pierce		
Registered Office Address:	3281 East Golf Blud U-19 Pampano Beach, Fl 33064		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent</u> : Dexter S. Johanson			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1121 S. Pork Rd ADY - 304 Hollywood ,FL 33021		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.			
Lakeis ha Pierce Printed or typed name of signee	ANII: II		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.			
Signature of Registered Agent			