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| (Requestor's Name) | | |
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| PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
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| (Document Number) | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
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| SUBJECT: High Octane Sales Solutions | | |
| 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: | | |
| | | |
| Kevin Odermatt | | |
| Name of Person | | |
| High Octane Sales Solutions Firm/Company | | |
| гиписоправу | | |
| 371 Meredith Way | | |
| Address | | |
| Titusville Florida, 32780 City/State and Zip Code | | |
| Chyrstale and Dip code | | |
| odermattkw@aol.com E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Kevin Odermattat (| 321) 269-5232 | |
| 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 | \$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.

1. Name of the limited liability company:

High Octane Sales Solutions

2. (a) Principal office address of limited liability company:

| 2. (a) Principal office address of limited liability com | pany: |
|--|---|
| (Note: MUST BE STREET ADDRESS) | 371 Meredith Way Titusville Fl, 32780 |
| (b) Mailing address of limited liability company: | |
| (Note: MAY BE POST OFFICE BOX) | 371 Meredith Way Titusville FI,32780 |
| July 25th, 2008 | L08000071788 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown | on the records of the Florida Dept. of State: |
| Registered Agent: | Kevin Odermatt |
| Registered Office Address: | 2411 Jaywood dr Titusville Fl, 32780 |
| (b) Enter name of NEW Registered Agent and/or b | NEW Registered Office address: |
| NEW Registered Agent: | <u> </u> |
| NEW Registered Office Address: | 371 Meredith Way |

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.

<u>Titusville</u>

FL32780

Signature of a member or authorized representative of a member

(MUST BE FLORIDA STREET ADDRESS)

Kevin Odermatt

Printed or typed name of signee

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