## L0800007137a

Requestor's Name)			
Address)			
Address)			
City/State/Zip/Phone #)			
WAIT MAIL			
Business Entity Name)			
(Document Number)			
Certificates of Status			
to Filing Officer:			





500273650505

06/08/15--01049--010 \*\*25.00

15 JUN -8 AM 4: 04
SECRETARY OF STATE.

JUN 0 9 2015

**3 MASON** 

## COVER LETTER

TO: Registration Section	·		
Division of Corporations			
SUBJECT: Resource Solutions Name of Limited	Quit Coast UC Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.		
	.,		
Please return all correspondence concerning this matter to the	ie following.		
Thomas S. Stephens			
Name of Person	<del></del>		
Resource Solutions Gulf C Firm/Company	oast UC		
5308 SW 24th Pl	<del></del> .		
<u> </u>			
Cape Coral F1. 3391 City/State and Zip Code	4		
debstephens 913@ Gmail E-mail address: (to be used for future annual report no	J. CM		
For further information concerning this matter, please call:			
Deboral Stephens at 40	01,529-0713		
Name of Person	Area Code & Daytime Telephone Nur	nber	J Z
Registration Section	MAILING ADDRESS: Registration Section Division of Corporations		SECRETA /ISION OF
	P.O. Box 6327 Tallahassee, Florida 32314		B CORE
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			PO :: P
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	- •	N. O.

## 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. Name of the limited liability company: 2. (a) (b) Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) LOSOOOR 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: 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. Signature of a member or authorized representative of a member 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 605, F.S. Or, if this document is being filed to merely reflect a chapter of the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent