## L080000807163

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## **COVER LETTER**

Registration Section

Division of Corporations		
arm man	1 Solutions III C	
	/ Solutions, LLC	
Name of Limited Liability Company		
Dear Sir or Madam:		
Dear Sir or Madain.		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
Suzanne Dort		
Douglas Dort Name of Person	<u> </u>	
Name of Person		
Financial & Retirement Strategies, In	nc.	
Firm/Company	<del> </del>	
1221 Turner Street, Suite 101		
Address		
Clearwater, FL. 33756		
City/State and Zip Code		
, .		
DDOGT@HADDODES COM		
DDORT@HARBORFS.COM  E-mail address: (to be used for future annual report notific	eation)	
,		
For further information concerning this matter, please call:		
D O D4	707 400 5000	
Doug or Sue Dort at	( 727 ) 483-5820  Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
Districted is a circum tot the tollowing amount.		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

## 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:	M J M Solutions, LLC	
2. (a) Principal office address of limited liability company	: 1796 Brookside Blvd.	
(Note: MUST BE STREET ADDRESS)	Largo, FL 33770	
(b) Mailing address of limited liability company:	P. O. Box 15354	
(Note: MAY BE POST OFFICE BOX)	Clearwater, FL. 33766-5354	
08/22/08	L08000080763	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
Registered Agent:	Steve Riley	
Registered Office Address:	4805 West Laurel Street, Suite 230	
	Tampa, FL. 33607	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	
NEW Registered Agent:	Financial & Retirement Strategies, Inc.	
NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	1221 Turner Street Suite 101 Clearwater ,FL33756	
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  Joetta Finkle, as member manager  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 statules 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 writings of this change.  Signature of Registered Agent  Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		
FILING FEE: \$2 INHS18 (05/08)		
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