

W8000084625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

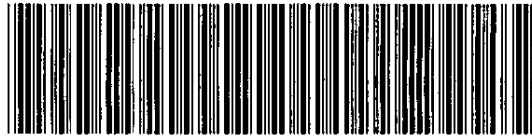
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JT Global 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:

Jose L. Torres  
Name of Person

~~223~~ JT Global Solutions LLC  
Firm/Company

2434 Foxhead Way  
Address

Clearwater, FL 33759  
City/State and Zip Code

jtorre2007@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose L. Torres at (727) 453-8651  
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

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2009

JOSE L TORRES  
2434 FOXHEAD WAY  
CLEARWATER, FL 33759

SUBJECT: JT GLOBAL SOLUTIONS LLC  
Ref. Number: L08000084625

We have received your document for JT GLOBAL SOLUTIONS LLC and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

We are returning your check for \$35.00 to be replaced by one in the correct amount of \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 609A00029897

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TALLAHASSEE, FLORIDA

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**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: IT Global Solutions LLC

2. (a) Principal office address of limited liability company: 2434 Foxhead Way  
☒ (Note: **MUST BE STREET ADDRESS**) Clearwater, FL 33759

(b) Mailing address of limited liability company: Same as above.  
☒ (Note: **MAY BE POST OFFICE BOX**)

9/28/2008  
3. Date of filing/registration in Florida

L08000084625  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Legal Zoom Registered Agent Division

Registered Office Address:

7083 Hollywood Blvd. Suite 180  
Hollywood, CA 90028-8902

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Jose L Torres

**NEW** Registered Office Address:

2434 Foxhead Way

(**MUST BE FLORIDA STREET ADDRESS**)

Clearwater, FL 33759

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

Jose L. Torres

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

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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TALLAHASSEE  
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