## L08000087164

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## COVER LETTER

Registration Section
Division of Corporations

☑ \$25 Filing Fee

INHS18 (2/14)

TO:

SUBJECT: SOLUTION MANIACS LA	C d Liability Company		
Dear Sir or Madam:	d Linding Company		
Dear Sir Or Wadam.			
The enclosed Registered Agent/Registered Office Change	and fec(s) are submitted for filing.		
Please return all correspondence concerning this matter to	the following:		
EDWARD LENO Name of Person			
SOLUTION MANIACS, LLC			
Firm/Company			
PO BOX 47479 Address			
Address			
1AMPA, FL 33647 City/State and Zip Code			
City/State and Zip Code			
E-mail address: (to be used for future annual report r			
For further information concerning this matter, please call:			
-			
LOWARU LENO at (8	13 , 994-6927		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			

□ \$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 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.

1. <b>N</b> a	ame of the limited liability company: <u>SOLUTION</u>	MANIACS LLC
2. (a)	9418 HUNTERS POND DRIVE	(b) POBOX 47479
_, ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	TAMPA. FL	TAMPA FL
	33647	
	_336677	
	09/12/2008	L08000087164
3.	Date of filing/registration in Florida	4. Document number
5. (a)	CORPORATION SERVICE COMPANY	¥
` ,	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of State:
	1201 HAYS STREET	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESSI
	• 25	<u> </u>
	KOU ALLA CO T. F.	7770/
	TAMAHASSEE FI	L 3230/
	ANDERSON BUSINESS SERVICES, IN	All COST
(6)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:
	,	T.C.
	332 WEST BEARSS AVENUE	Tri Control of the Co
	NEW Registered Office Address:	20-2
		Electric State of the Control of the
	TAMPA ,FI	ı <u>336/3</u>
the ch agent was/w	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li	
	Soluta	Edward Leni Printed or typed name of signee
	sture of a metaber or authorized representative of a member	
I here provis the ob to men notifie	eby accept the appointment as registered agent and ag itons of all statutes relative to the proper and complete higations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.	gree to act in this capacity. I further agree to comply with the eperformance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed thereby confirm that the limited liability company has been
Signat	ure of Registered Agent	
	District Commence of the District Commence of	D 400%- W-D-L EI 20014

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Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)