L09000009234

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
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EXAMINER

JUISION OF CORPORATIONS

COVER LETTER

Division of Corporation	ns			
avp more Fi	nancial Salution	s Con	tor of Amorica IIC	
SUBJECT: Financial Solutions Center of America, LLC Name of Limited Liability Company				
	Name of Limited	ı Liqui	ary Company	
Dear Sir or Madam:				
The enclosed Registered Ager	t/Registered Office (Change	and fee(s) are submitted for fil	ing.
Please return all corresponden	ce concerning this m	atter to	the following:	
				09 NOV 19 PM 2: 33
Sergio	l Duiz			9 Total
Sergio Name of F			_	5 3
Name of 1	Cison			TO THE
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Financial Solutions Ce	enter of America. Ll	LC		2 200
Firm/Com		 		23
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12012 Villanov				
Address	ı			
Orlando, I	-1 32837			
City/State and			_	
th of a contact	D!!			
E-mail address: (to be used for fut	ure annual report notificatio	on)	_	
•		,		
For further information concer	ning this matter, plea	ase call	:	
	-			
Canaia I Duia		40=		
Sergio I. Ruiz	at (<u>375 - 9019</u>	
Name of Person			Area Code & Daytime Telephone Numbe	r
STREET/COURIER A	DDRESS.	MA	ILING ADDRESS:	
Registration Section		Registration Section		
Division of Corporations			ision of Corporations	
Clifton Building			. Box 6327	
2661 Executive Center C	ircle		ahassee, Florida 32314	
Tallahassee, Florida 3230		-74	· • · · · · · · · · · · · · · · · · · ·	
Enclosed is a check fo	r the following amo	unt:		
	with many			
✓ \$25 Filing Fee		\$5	5 Filing Fee & Certified Copy	

TO: Registration Section

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: Financial	Solutions Center of America, LLC			
2. (a) Principal office address of limited liability company	3956 Town Center Blvd. #128			
(Note: MUST BE STREET ADDRESS)	Orlando, FL 32837			
(b) Mailing address of limited liability company:	3956 Town Center Blvd. #128			
(Note: MAY BE POST OFFICE BOX)	Orlando, FL 32837			
01-28-2009	L09000009234			
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 States			
Registered Agent:	Sergio I. Ruiz			
Registered Office Address:	3956 Town Center Blvd. #128 Orlando, FL 32837			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:			
NEW Registered Agent:	Sergio I. Ruiz			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)				
	Orlando ,FL 32837			
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office			
Signature of a member or authorized representative of a member				
Sergio Ruiz Printed or typed name of signee	-			
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				
Division of Corporations, P.O. Box 632	77, Tallahassee, FL 32314			

FILING FEE: \$25.00

INHS18 (05/08)