

LO9 000066556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2013

OLUROTIMI PHILLIPS
13535 FEATHER SOUND DR. STE 123
CLEARWATER, FL 33762

SUBJECT: STRATEGIC INNOVATIVE SOLUTIONS LLC
Ref. Number: L09000066556

We have received your document for STRATEGIC INNOVATIVE SOLUTIONS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 813A00016423

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strategic Innovative 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:

Olurotimi Phillips

Name of Person

Strategic Innovative Solutions LLC

Firm/Company

13535 Feather Sound Dr. STE123

Address

Clearwater/FL33762

City/State and Zip Code

olu.phillips@ussis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olurotimi Phillips

Name of Person

at (727) 202-6911

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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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: Strategic Innovative Solutions LLC

2. (a) Principal office address of limited liability company: 13535 Feather Sound Dr
Suite 123
Clearwater, FL33762

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

13535 Feather Sound Dr
Suite 123
Clearwater, FL33762

07/10/2009

3. Date of filing/registration in Florida

4. Document number

L09000066556

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

Registered Agent:

Idris Mays

Registered Office Address:

13535 Feather Sound Dr
Suite 123
Clearwater, FL33762

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

NEW Registered Agent:

Olurotimi Phillips

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

13535 Feather Sound Dr
STE 123
Clearwater, FL 33762

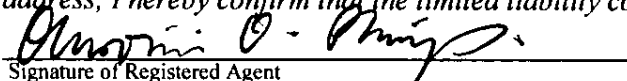
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

OLUROTIMI PHILLIPS

Printed or typed name of signer

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