## L09000110810

(Requestor's Name)				
(Address)				
(Address)				
(City	//State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





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SESSION OF STATE
ATTAGENCY OF BRIDE

B. BOSTICK
NOV 2 2 2011
EXAMINER

## **COVER LETTER**

Division of Corporations	3				
SUBJECT:		olutions Netwo			
	Name of Limite	ed Liability Comp	any		
Dear Sir or Madam:					
The enclosed Registered Agent/	Registered Office	Change and fee(s	are submitted for fi	ling.	
Please return all correspondence	concerning this r	matter to the follow	wing:		
Dharshan Wa		····			
Name of Per	son				
Strategic Solutions Firm/Compa		<del></del>	<del>-</del>	-i	
5301 N. Federal H	lwv. Suite 380		LL. Alir		11 NOV 2
Address			į.	n n	2
Boca Raton, I					à: E
City/State and Zi	p Code			골든	5; <u>£</u> 2
dharshan@strategics E-mail address: (to be used for future	Solutionsnet.com	1 ion)		Þ	
For further information concerni	ng this matter, plo	ease call:			
Dharshan Wanasund Name of Person	era at (	914 ) Area Code &	439-3852 Daytime Telephone Numb	er	
STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7		
Enclosed is a check for	the following am	ount:			
\$25 Filing Fee		\$55 Filing F	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. Na	me of the limited liability company:	Strategic Solutions Network, LLC			
2. (a)	Principal office address of limited liability com	npany:	5301 North Federal Highway		
	(Note: MUST BE STREET ADDRESS)	Su	Suite 380		
(b)	Mailing address of limited liability company:		Boca Raton, FL 33487		
	(Note: MAY BE POST OFFICE BOX)				
	A TOTAL WATER BUT OUT OF THE BOTH	Sa	me as above		
	11/18/2009		L09000110815		
3. Dat	te of filing/registration in Florida	4. I	Document number		
5. (a)	Registered Agent and Registered Office shown	on the r	ecords of the Florida Dept. of State:		
	Registered Agent:	<u>Un</u>	ited States Corporation Agents, Inc		
	Registered Office Address:	133	302 Winding Oaks Blvd.		
			te A-100		
		Tai	mpa, FL 33612		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:		on Barkan		
	NEW Registered Office Address:	<u>34</u> (	00 Pine Haven Circle		
	(MUST BE FLORIDA STREET ADDRESS)	<u>Bo</u>	ca Raton, FL 33431		
		<del></del>	,FL		
If the land the liability of the land t	imited liability company is not organized under ned that after the change or changes are made, the business office of the registered agent will be it y company, it is hereby confirmed that the change members of the limited liability company or as coperating agreement of the limited liability comp	the laws he Florid dentical. ge(s) was otherwise pany.	of the State of Florida, it is hereby a street address of the registered office Or, in the case of a Florida limited /were authorized by an affirmative vote provided in the articles of organization		
	Amuelo				
Signature	of a member or authorized representative of a member		Fi I		
	Dhamban Managumdaya		F. 2 7		
Printed o	Dharshan Wanasundera or typed name of signee		CO - Company		
I here comply and I a Chapte addres	by accept the appointment as registered agent as with the provisions of all statutes relative to the minimum familiar with and accept the obligations of min to the first or the second familiar of this document is being filed to so, I lareby confirm that the limited liability competers.	nd agree e proper y position o merely i pany has	to act in this capacity. I further agree to and complete performance of my duties as registered agent as provided for in reflect a change in the registered office been notified in writing of this change.		

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