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B. BOSTICK

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**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	Stale Solutions CCC 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	g this matter to the following:
Lavea Trebetch.  Name of Person	
Firm/Company	
4699 NW 7th Place	1 KAR 28 EURE SAN
Decided Black FL 3  City/State and Zip Code	3344A PH III
Lawa & Lawa Trebetch  E-mail address: (to be used for future annual report	notification)
For further information concerning this mat	ter, please call:
Laura Trebetch Name of Person	at (SU) 886-8672 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 followi	ng amount:
\$25 Filing Fee	\$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 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.

al Estale Solutions CCC
: 4699 NW 7th Mace
Decelied Beach FL 3344
Same -
L10000015570
4. Document number
the records of the Florida Dept. of State:  LT Neal Estate Solutions CCC  7494 Covetyand NunE  Boca Raton FL 33433
W Registered Office address:
<u> </u>
Deliner Deadle
laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.  AHARIA REPORT OF THE PROVIDED TO THE PROVIDED