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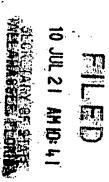
(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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D. BRUCE

JUL 22 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	SOLUTION LLC d 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 m	natter to the following:
CATHLENE ROUX	·
FORCE Product Solution L	<u>_LC</u>
3338 TRENTWOOD LANE Address NORTH PORT FL 34286 City/State and Zip Code	10 JUL 21 AM
E-mail address: (to be used for future annual report notification further information concerning this matter, ple	
CATHLENE ROUX at (941) 815 - 510 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 am	ount:
\$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.

1. Name of the limited liability company: FORCE P	RODUCT SOLUTION LLC	
2. (a) Principal office address of limited liability company	- 	
(Note: MUST BE STREET ADDRESS)	NORTH PORT FL 34286	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3338 TRENTWOOD UN NORTH PORT FL 34286	
7/18/2010 3. Date of filing/registration in Florida	L 10000031588 4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	ADAM BISHOP	
Registered Office Address:	NORTH PORT TO 34286	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent</u> :	W Registered Office address: CATHLENE ROUX	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3338 TRENTWOOD LNI NORTH PORT FL BURSO	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability 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. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my possible to the provision of the company of the provision of the limited liability company. Signature of Registered Agent	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	