L10000033248

(Re	equestor's Name)	
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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(Document Number)		
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE OPPOSITIONS

AUG 9 2012 T. HAMPTON

COVER LETTER '

TO: Registration Section Division of Corporations	
	NE SOLUTION, LLC
Name of Limi	ned Diability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
MARTA ACOSTA Name of Person	
ALL 4 ONE SOLUTION, LLC Firm/Company	
3900 NW 79 AVE #446 Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DORAL, FL 33166 City/State and Zip Code	,
all4onesolution@gmail.com E-mail address: (to be used for future annual report notifi	ication)
For further information concerning this matter,	please call:
MARTA ACOSTA a	t (<u>305</u>) <u>477-4694</u>
Name of Person	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

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:	ALL 4 ONE SOLUTION, LLC
2. (a) Principal office address of limited liability cor	mpany: ALL 4 ONE SOLUTION, LLC
(Note: MUST BE STREET ADDRESS)	3900 NW 79 AVE #446 DORAL, FL 33166
(b) Mailing address of limited liability company:	ALL 4 ONE SOLUTION, LLC
(Note: MAY BE POST OFFICE BOX)	3900 NW 79 AVE #446 DORAL, FL 33166
03/26/2010	L10000033248
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	on the records of the Florida Dept. of State:
Registered Agent:	MARINA PAEZ
Registered Office Address:	14359 MIRAMAR PKWY
	181 MIRAMAR, FL 33027
(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW Registered Agent</u> :	or NEW Registered Office address: MARTA ACOSTA
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3900 NW 79 AVE 446 DORAL ,FL33166
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of a member MARTA ACOSTA Printed or typed name of signee I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the analysis of the complex of the obligations of and the limited liability confirmation of Registered Agent. Signature of Registered Agent	SECRETARY OF CORPORE TO A A H Transpersion and agree to act in this capacity. I further agree to

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