1110000004398

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



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FILED

11 MAR 28 PM 12: 35

SECRETARY OF STATE
ALLAHASSES OF STATE

D. BRUCE

MAR 29 2011

EXAMINER

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: CTR Solutions UC 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: |
| Geoffey Kohat Name of Person CTR Schnting UC |
| Firm/Company |
| 4800 N Federal Huy/Saite 201B |
| Boca Raten, FL 33431 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Geofficy Kokert at (Sh) 702 0872 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 & 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. liability company submits the following statement in ordagent, or both, in the State of Florida. | 508, Florida Statutes, the undersigned limited ler to change its registered office or registered |
|--|--|
| 1. Name of the limited liability company: | Solutions LLC |
| 2. (a) Principal office address of limited liability compar | ny: 4800 N Federal Huy |
| (Note: MUST BE STREET ADDRESS) | Suite 201 B Baca Ratin FL 33431 |
| (b) Mailing address of limited liability company: | Same |
| (Note: MAY BE POST OFFICE BOX) | |
| January 11, 2011 3. Date of filing/registration in Florida | |
| 5. (a) Registered Agent and Registered Office shown or | the records of the Florida Dept. of State: |
| Registered Agent: | Ryko Holdings FAC |
| Registered Office Address: | 1700 N Federal HWV |
| • | Boen Raton, FL 33432 |
| (b) Enter name of NEW Registered Agent and/or NI | EW Registered Office address: |
| NEW Registered Agent: | Geofficy Kohart |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 4800 N Federal Hary Sq. te 201 B Barkston N FL 3343/ |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change 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 comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the imited liability company. I hereby confirm that the limited liability company. | Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by. ARY OF SIA |

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