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S. YOUNG

## **COVER LETTER**

	gistration Section vision of Corporations								
SUBJECT	Carlson Preferred Solutions	, LLC	(Ch	ange of address for Copmany & A	.gen <b>⊬</b>				
00201	Name of Limited Liability Company								
Dear Sir or	· Madam:								
The enclos	ed Registered Agent/Registered Off	fice Char	ige a	nd fee(s) are submitted for filing.					
Please retu	rn all correspondence concerning th	is matte	to t	ne following:					
Dan L W	oodruff								
	Name of Person								
Carlson I	Preferred Solutions, LLC				ਰ	IAS			
	Firm/Company	· · ·			5 JUL -1	CRET			
4654 SR	64 #307				1	NSS.			
<del></del>	Address				PH 12:				
Bradento	on, FL 34208				2: 56	CIND Train			
	City/State and Zip Code			<del></del>		3.5-			
dwoodru	ff@carlsonps.com								
E-ma	il address: (to be used for future and	nual repo	rt no	tification)					
For further	r information concerning this matter	, please	all:						
Dan Woo	odruff	3 at (	52	255-1862					
	Name of Person	\_		Area Code & Daytime Telephone N	lumber				
Re Di Cl 26	creeT/COURIER ADDRESS: egistration Section vision of Corporations ifton Building 61 Executive Center Circle illahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Er	nclosed is a check for the following	g amoun	t:						
<b>☑</b> \$25 Filing Fee				\$55 Filing Fee & Certified Copy					

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company:	ferred :	Solutions	, LLC			
2. (a)	4654 SR 64 # 307	(b) 4654 SR 64 #307					
(.,)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(6)	Mailing address of limited (Note: MAY BE POST			
	Bradenton, FL 34208		Brade	nton, FL 34208			
	10-03-11		L11000	113388			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Dan L Woodruff				_ \$22		
J. (a)	Registered Agent and Registered Office shown on the records of	of the Flor	da Dept. of S		6 E8		
	4327 S. Hwy 27 S-428		CRETARS				
	Registered Office Address (MUST BE FLORIDA STREET	<u> </u>					
	Clermont , F	. <sub>L</sub> 3471	1		PM 12: 56		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Dan L Woodruff	ed Office a	ddress:	_			
	NEW Registered Office Address:			<del></del>			
	4654 SR 64 #307						
	Bradenton	3420	3				
the cha agent v was/wo	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regliability of the li e limited	gistered off company, i mited liabi	ice and the business offit is hereby confirmed the lity company or as other ompany.	ce of the registered at the change(s)		
Signa	Signature of a member of authorized epresentative of a member			Printed or typed name of signee			
provisi the obl to mero notified	by accept the appointment as registered agent and agent on of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	gree to a e perfori ed for in hereby	ct in this co nance of m Chapter 6 confirm the	apacity. I further agree by duties, and I am famili 05, F.S. Or, if this docu at the limited liability co	to comply with the iar with and accept ment is being filed mpany has been		