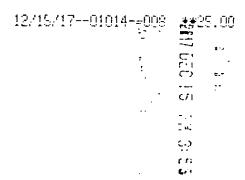
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J. HARLES

COVERLETTER

Division of Corporations					
SUBJECT: Legal Strategy Services, LC 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:					
Diane of Person					
Legal Strategy Services, LC Firm/Company					
5944 Coval Ridge Drive # 154					
Coyal Springs FL 33076 City State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (215) 816-1944 Area Code & Daytime Telephone N	umber				
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					

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR 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.

l. Na	une of the limited liability company:	Strategy Service	es, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing addres	teg S(VVICE) Les of Limited liability company: W BE POST OFFICE BOX
	5944 Coral Ridge Drive	1572 NI	N 113+ Avenue
	Cural Springs, FL 32076	Parkiand	, FL 33076
3.	Date of filing/registration in Florida	4. L 1 1 000 1 8	number
5. (a)	United States Carporation Agents Registered Agent and Registered Office shown on the records of the	E Florida Dept. of State;	
	Registered Office Address MUST BE FLORIDA STREET AL	DDRESS)	
	Suite A		
	Taynaa	22612	No. 2 mag
		55 • (• •	; D .
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	office address'	<u></u>
		THE Address.	
	1573 NW 113th Avenue		-*. ::>
	NEW Registered Office Address:	_	en a n
	D 1/1 1	12.02/	
	Youkland FL	33076	
the cha agent w was/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he registered office and the bubility company, it is hereby conthe limited liability company of	siness office of the registered afirmed that the change(s)
(A	nun Daniel	Diane L.)anois
Signat	ure of a member or mathorized representative of a member		ped name of signee
I hereb provision the obli to mere potified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ily reflect a change in the registered office address. I he I'm writing of this change.	e to act in this capacity. I furt erformance of my duties, and for in Chapter 605, F.S. Or, i reby confirm that the limited i	her agree to comply with the I am familiar with and accept I this document is being filed liability company has been
Signatur	May a L. Agri V J		