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| (Re | questor's Name) | | | |
|---|--------------------------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ry/State/Zip/Phone #) | | | |
| PICK-UP | WAIT MAIL | | | |
| (Bu | siness Entity Name) | | | |
| (Do | ocument Number) | | | |
| Certified Copies | _ Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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| | Office Use Only | | | |



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17 OCT -5 AM 9: I SECRETARY OF STATE

18/8/17

COVER LETTER

| _ | sistration Section sion of Corporations | | | | | |
|---|---|------------------------|--|--|--|--|
| SUBJECT: | Solaridy LLC | | | | | |
| Name of Limited Liability Company | | | | | | |
| Dear Sir or N | Madam: | | | | | |
| The enclosed | d Registered Agent/Registered Offi | ice Change and fe | e(s) are submitted for filing. | | | |
| Please return | n all correspondence concerning the | is matter to the fo | llowing: | | | |
| Douglas F | yvolent | | | | | |
| | Name of Person | | • | | | |
| Solaridy L | LC | | | | | |
| | Firm/Company | | | | | |
| PO Box 48 | 8956 | | | | | |
| | Address | | | | | |
| St Petersb | ourg Florida 33743 | | | | | |
| | City/State and Zip Code | | • | | | |
| dsfyvolent | @gmail.com | | | | | |
| E-mail | address: (to be used for future ann | ual report notifica | ntion) | | | |
| For further i | nformation concerning this matter, | please call: | | | | |
| Douglas F | yvolent | 727 at (| 278-5091 | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | |
| Reg Divi Clifi 266 | REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301 | Regis Divis P.O. | LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, 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 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. Na | ame of the limited liability company: Solaridy LLC | | | |
|--|--|--|--|--|
| 2. (a) | 8055 country club rd no | (1 | PO Box | x 48956 |
| ~· (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (. | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| , | St Petersburg Florida 33710 | _ | St Peter | ersburg Florida 33743 |
| | November 3 2011 | _ | L 110001 | 125224 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | Richard Calvin Carroll | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of 4950 38th Ave No | the Florid | a Dept. of Star | ate: |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRES. | <u>S)</u> | |
| | St Petersburg FL | 33710 | | 7 OCT SECRET |
| (b) | Douglas Fyvolent | | | CT -5 M 9 13 REIARY OF STATE AHASSEE, FLORIDA |
| ` ' | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office ac | ldress: | F STA |
| | 8055 Country Club Rd No | | | RIDA ROA |
| | NEW Registered Office Address: | | | |
| | St Petersburg FI | 33710 | | _ |
| the cha agent v was/wa | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | ws of the the regi ability c of the lin | e State of Fl stered offic ompany, it nited liabili | ce and the business office of the registere is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. |
| Signa | ture of a member or authorized representative of a member | | -5 , . | Printed or typed name of signee |
| provisi the obli to mer notifie | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide by reflect a change in the registered office address, I do not not not not not not not not not no | ree to ac perform d for in hereby c | t in this cap nance of my Chapter 60 confirm that | pacity. I further agree to comply with the v duties, and I am familiar with and acce)5, F.S. Or, if this document is being filed at the limited liability company has been |