111000144077

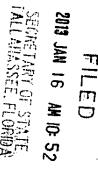
| (Re | questor's Name) | |
|---|--------------------|---------------------|
| | | |
| (Address) | | |
| | | |
| (Address) | | |
| | | |
| (Cit | y/State/Zip/Phone | ∋ #) |
| | | |
| PICK-UP | WAIT | MAIL |
| | | |
| /Ru | siness Entity Nar | ne) |
| (Bu | Siliess Littly Nai | ne) |
| | | |
| (100 | cument Number) | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



700241950787

01/16/13--01002--011 **25.00



N. Cuffgen JAN 17 7/13

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: CSC Solo- | Hons LLC d Liability Company |
| Traine of Emile | a Diacinity 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 m | atter to the following: |
| Cynthia Cage Name of Person | |
| Name of Person | |
| CSC Solutions, LLC | · |
| Firm/Company | |
| 317 Alkmaar St. | · |
| | |
| Ellenton FL 34227 City/State and Zip Code | |
| Cagesc86@ Yahoo.com | |
| E-mail address: (to be used for future annual report notificati | on) |
| For further information concerning this matter, ple | ase call: |
| Cynthia Cage at (| 765, 438 6206 |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section Division of Corporations |
| Division of Corporations Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 |
| Enclosed is a check for the following am | ount: |
| \$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.

| Name of the limited liability company: | CSC Solutions LLC |
|---|---|
| 2. (a) Principal office address of limited liability cor (Note: MUST BE STREET ADDRESS) | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | same as abovered to |
| 12/27/11 | LII 00014407 製品 切 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office show | on on the records of the Florida Dept. of State: |
| Registered Agent: | Cynthia Cage |
| Registered Office Address: | 2567 Oak Trail N # 203 Clessivoter FL 33764 |
| NEW Registered Agent: NEW Registered Office Address: MUST BE FLORIDA STREET ADDRESS | |
| If the limited liability company is not organized under 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 charther members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Thereby accept the appointment as registered agent. | the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote of therwise provided in the articles of organization or any. |
| I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability consignature of Registered Agent | and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change. |

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