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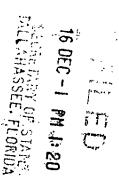
(Requestor's Name)						
(Address)						
(Address)						
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PICK-UP	☐ WAIT	MAIL				
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(Document Number)						
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Y SULKER

COVER LETTER

Divis	sion of Corporations				
SUBJECT:	MIC Solutions, LLC				
50 5 05011	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	l Registered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.		
Please return	all correspondence concerning this	s matter to the fol	llowing:		
Joseph H.	Littky				
	Name of Person				
	Firm/Company	 			
515 North	Flagler Dr. Suite 1700				
	Address	-			
West Palm	Beach, FL 33401				
	City/State and Zip Code		•		
jlittky@gbl	trust.com				
E-mail	address: (to be used for future annu	al report notifica	ation)		
For further in	nformation concerning this matter,	please call:			
Joseph Lit	tky	561 at (472-0191		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314		
Enc	losed is a check for the following	amount:			
☑ \$:	25 Filing Fee	\$55	Filing Fee & Certified Copy		

TO:

Registration Section |

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:	s, LLC		
2. (a)	480 Hibiscus Street PH 30	(1	_{o)} 480 Hibi	scus Street PH 30
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	West Palm Beach, FL 33401		West Pa	Im Beach, FL 33401
	1/19/2012	_	L1200000	09324
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Michael Cutler			
), (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET) 480 Hibiscus St. PH 30	<u>ADDRES.</u>	<u>27</u>	-
	West Palm Beach , FL	33401		<u>-</u>
(b)	Joseph H. Littky			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office at	ldress:	DEC -1
	NEW Registered Office Address:			
	515 North Flagler Drive #1700	-		LORIE STATE
	West Palm Beach , FL	33401		- State of the st
the cha agent was/was/wasthe art	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited licre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability c of the lir limited	istered office company, it is nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
I here provisi the obi to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	ree to ac perform d for in hereby c	et in this cap nance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent