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(Requestor's Name)	-			
(Address)				
(Address)	_			
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(Business Entity Name)				
(Document Number)				
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COVER LETTER,

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TO: Registration Section Division of Corporations 4

SUBJECT:

MIC Solutions, LLC

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:

Joseph H. Littky

Name of Person

Firm/Company

4544 Mediterranean Circle

Address

Palm Beach Gardens, Florida 33418

City/State and Zip Code

josephlittky@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph H. Littky	561 385-4131
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 32314
Tallahassee, Florida 32301	
Enclosed is a check for the followir	ig 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.

I. Na	me of the limited liability company: MIC Solution	s, LLC	
	410 Evernia Street, #807	_(b) 410 Ev	ernia Street, #807
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	West Palm Beach, FL 33401	West P	alm Beach, FL 33401
3. 5. (a)	Date of filing/registration in Florida Joseph H. Littky	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	
	Registered Office Address <u>(MUST BE FLORIDA STREET</u> 515 North Flagler Drive, #1700	<u>ADDRESS)</u>	_
	West Palm Beach	33401	
(b)	JOSEPh H. Littky Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	
	NEW Registered Office Address:		_
	4544 Mediterranean Circle		-
	Palm Beach Gardens	33418	
the cha agent v was/we the arti	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registered offic iability company, it of the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the ohl to mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I I in writing of this change.	e performance of mi ed for in Chapter 60	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed
Signatu	re of Registered Agent		

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

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