L/2000080012

(Requestor's Name)		
(Address)		
(Address)		
. (City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		

Special Instructions to Filing Officer:

A. LUNT

JUL 30 2011

EXAMINER

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COVÉR LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Reliance Screening Solutions, and Name of Limited Liability Company	LC	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are		
Please return all correspondence concerning this matter to the following:	912 JUL 27 SECRETAR ALLAHKSS	
Carmen C Perez Name of Person	27 PH & I	
Reliance Screening Solutions, Firm/Company	RIDA	
9100 S. Dadeland Blud, Suite 1500 Address		
Miami, Cl 33155 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
	7719 ime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDR Registration Section Division of Corpora Division of Corpora Tallahassee, Florida	n ations	
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 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.

Screening Solutions, LLC
9100 S. Dadeland Blud, Suite 1500
Miami Florida 33155
P.O.130 + 770944 Miami, Fl 33177
the records of the Florida Dept. of State:
Miguel A. Manrique
15780 SW 152 Place Miami, Fl 33187
W Registered Office address: Dolores N. Hernandez
Miami ,FL 33155
laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in the registered office by has been notified in writing of this change.

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

Signature of Registered Agent