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SECRETARY OF STATE

COVER LETTER

то:	-	on Section of Corporations					
SUBJE	CT:	New tell	Solutions, LLC				
		· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company				
Dear Si	r or Madaı	n:					
The end	closed Reg	istered Agent/Re	egistered Office Change and fee(s) are submitted for filing.				
Please	return all c	orrespondence o	oncerning this matter to the following:				
		Name of	Person				
Ne	wtell	Solutions,	40				
		Firm/Con	npany				
							
		Address					
		City/State and	1 Zin Code				
ida	@ new?	•					
E-	-mail addre	ess: (to be used t	or future annual report notification)				
			g this matter, please call:				
Irei	ra c	Frinevich	at (954) 903 - 0953				
	N	ame of Person	Area Code & Daytime Telephone Number				
	STREET	COURIER AD	DRESS: MAILING ADDRESS:				
Registration Section			Registration Section				
		of Corporations	Division of Corporations				
	Clifton Bu	maing cutive Center Ci	P.O. Box 6327 rcle Tallahassee, Florida 32314				
		ee, Florida 3230					
	Enclosed is a check for the following amount:						
	🛭 \$25 Fil	ing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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:	Newtell	Soli	utions	110	, 	
2.	(a)			(b)_				
	` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)			
		2052 NE 155 th St.	 		824	88th	Street	•
		North Miami Beach,	FL 33162		Surf.	side	FL	33154
		October 19, 2012		-	L120	00133	698	
3.		Date of filing/registration in F	lorida	4.		Docum	ent numbe	er
5.	(a)	Irina Grinevich				_		
		Registered Agent and Registered Office shown		Florida D	ept. of Stat	e;		
		3350 SW 148th St.,	Ste 110			_		
		Registered Office Address (MUST BE FLC	RIDA STREET AD	DRESS)			4 m 2 m	(P.D) P.D)
		Miramar FL 33027	!			_	ા હતું	22 1
C		Miramav	, FL	330,	27	_	WAY TO A 8: 50	
	(b)	Pauline Frankfurt					0F S	> M
		Enter name of NEW Registered Agent and/or	NEW Registered O	ffice addre	<u>:ss</u> :		OR!	හ ග
		8877 Collins Avenue,	Apt. 1009				DM P	ف
		NEW Registered Office Address:				-		
		Surfside, FL 33159	<u> </u>			_		
	,	Surfside	, FL	<i>3315</i>	4	<u>.</u>		
the age was	cha nt v s/we	imited liability company is not organize ange or changes are made, the Florida st will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of icles of organization or the operating ag	reet address of the prida limited liab the members of	ne registe ility com the limite	red offic pany, it i ed liabilit	e and the s hereby y compa	business confirmed	office of the registered d that the change(s)
		likell			Irin	2 Ka	rnyshru or typed nam	ikov
S	igna	ture of a member of authorized representative of	a member			Printed o	or typed nam	e of signee
pro the to i	visi obl nere	by accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered ag ely reflect a change in the registered off d in writing of this change.	agent and agree and complete pe ent as provided ; ide address, I he	e to act in erforman for in Ch reby con	this cap ce of my apter 60: firm that	acity. I duties, a 5, F.S. C the limit	further ag nd I am fa r, if this d ed liabilit	ree to comply with the imiliar with and accept locument is being filed y company has been
Sig	natu	re of Registered Agent						