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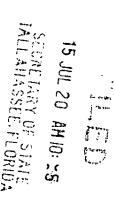
(Requestor's Name)			
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PICK-UP	☐ WAIT	MAIL	
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July 7, 2015

SHERI KOZMAN 9891 IRVINE CENTER DR SUITE 200 IRVINE, CA 92618

SUBJECT: EXTREME SOLUTION, LLC

Ref. Number: L13000008242

We have received your document for EXTREME SOLUTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 815A00014087

COVER LETTER

TO: Registration Section Division of Corporations					
	SOIUTION 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:					
SHERIF KOZMAN					
Name of Person					
Extreme solution LLC					
Firm/Company					
9891 IRVINE Center Dr. , Suite 200					
Address					
TRVINE CN 92612					
$\frac{\sum 2 \sqrt{100} \text{City/State and Zip Code}}{\text{City/State and Zip Code}}$					
SHERIFQEXTRE					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
SHEREF KOZMAN atl	786 5084342				
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 amount:					
\$25 Filing 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.

. Na	me of the limited liability company: Extreme Solu	tion, LLC	
	9891 Irvine Center Dr	(b) 9891 Irvine Center Dr	
· (u)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ste 200	St	e 200
	Irvine, CA 92618	Irv	rine, CA 92618
	01/15/2013	L13	3000008242
3.	Date of filing/registration in Florida	4.	Document number
· (-)	Lachezar Vanchev		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	of State:
•	Registered Office Address (MUST BE FLORIDA STREET) 2000 N Dixle Hwy Ste 4	ADDRESS)	
	Lake Worth , FI	33460	SEC 15
(b)	Lachezar Vanchev		JUL 20
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	E SS S Same
	NEW Registered Office Address:		
	7901 W Sample Rd		
	Coral Springs	_33065	
he cha agent was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the register iability comp of the limited c limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
Signa	ture of a member of authorized representative of a member		Printed or typed name of signee
provis he ob o mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ety reflect a change in the registered office address, I d in writing of this change.	ree to act in to performance ed for in Cha hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signati	re of Registered Agent		

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