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COVER LETTER

Division of Corporations		
4		
SUBJECT: LUK Sown	ions LLC	
SUBJECT:		
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:		
·		
LUKE Winter Name of Person		
Name of Person		
LUK Solutions LLC Firm/Company		
Firm/Company		
8990 N. Savis Awy. Art 147		
Address		
PENSACOLA		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
2-mail address. (to be used for return annual report normalities)		
For further information concerning this matter, please call:		
LUKE WITTER at (917 287-8471	
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	
· · · · · · · · · · · · · · · · · · ·		

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

the limited liability company:	UK SOLUTIONS, LLC
	pany: 8990 N. Davis Awy, DOT 147 PENSIAROLA, 14 22514-5309
ling address of limited liability company: ote: MAY BE POST OFFICE BOX)	8990 N. Davis Llury., ADT 147 PENSAROLA, FL 32514-5309
124/2013	2 130 000 123 18
filing/registration in Florida	4. Document number
ristered Agent and Registered Office shown	on the records of the Florida Dept. of State:
istered Agent:	United Stores Corneasion Access Time.
istered Office Address:	13302 Minising OAK COURT
	TAMPA FL 33612 US
er name of NEW Registered Agent and/or	NEW Registered Office address:
W Registered Agent:	LUKE WITTER
W Registered Office Address: UST BE FLORIDA STREET ADDRESS)	8990 N. DANIL KLUY, APT 147 PENSACOLA ,FL 32514-5309
hat after the change or changes are made, the iness office of the registered agent will be in	the laws of the State of Florida, it is hereby he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by all affirmative vote of erwise provided in the articles of organization or my.
	ling address of limited liability company: the: MAY BE POST OFFICE BOX 2

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

Signature of Registered Agent

كلون سنتر