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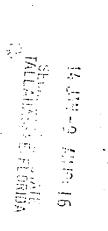
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ABOUT 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 STRAUSBAUGH

Name of Person

Firm/Company

14640 SE 175TH STREET

Address

WEIRSDALE, FL, 32195

City/State and Zip Code

joestrausbaugh@embarqmail.com

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

For further information concerning this matter, please call:

JOE STRAUSBAUGH

_{a.} (352)

454-6347

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 605.0114, 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. Name of the limited liability company: ABOUT SOLUTIONS,	rrc	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 14640 SE 175TH STREET WEIRSDALE, FLORIDA 32195	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	14640 SE 175TH STREET WEIRSDALE, FLORIDA 32195	
JANUARY 18, 2013	L13000025029	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Flori	ida Dept. of State:
Registered Agent:	CORPORATION SERVICE COM	MPANY
Registered Office Address:	1201 HAYS STREET	
-	TALLAHASSEE FL 32301	<u> </u>
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office a	address:
NEW Registered Agent:	MARGARET E. STRAUSBAUG	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14640 SE 175TH STREET	2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
Medi bu i bokibii bikebi iibbkegg	WEIRSDALE	.FL 32195
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of tical. Or, in the case of	the registered office fa Florida limited
JOSEPH W. STRAUSBAUGH Printed or typed name of signee	-	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the praid and I am familiar with and accept the obligations of my pothapter 605, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company		

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

Signature of Registered Agent