## L1300053552

(Re	equestor's Name)			
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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2016 FEB 22 A ID: 42 NACCRETARY OF STATE

> FEB 23 2016 BRUCE

## **COVER LETTER**

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Division of Corporation	ns					
EASTERN AS SUBJECT:	SET SOLUTIONS	LLC				
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agen	t/Registered Office Cha	ange and i	fee(s) are submitted for fili	ng.		
Please return all correspondence	e concerning this matt	er to the f	following:			
NICOLAS SIHA						
Name	of Person		_			
LEGALINC CORPORATE	SERVICES INC.					
Firm/C	Company		<del></del>			
17350 STATE HIGHWAY	249					
Add	ress		_			
HOUSTON, TX 77064				TAS 2		
City/State	and Zip Code		<del></del>	2016 FI		
SUPPORT@LEGALING.	СОМ			FEB 2		
E-mail address: (to be use	ed for future annual rep	oort notifi	cation)	FEB 22 A		
For further information concer	ning this matter, please	call:				
NICOLAS SIHA	at (	713	478.1040	2 42		
Name of Perso			Area Code & Daytime Te	lephone Number		
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns · Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for	or the following amou	nt:				
■ \$25 Filing Fee		<b>□</b> \$5:	5 Filing Fee & Certified Co	ру		

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	ume of the limited liability company:	SET SOLUTION	1S LLC
2. (a)	4206 Baymeadows Rd	1177 Pa	ark Ave
2. (u)	Principal office address of limited liability company:  (Note; MUST BE STREET ADDRESS)	1	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  PMB 151
	Jacksonville, FL 32217	ORANG	E PARK, FL 32073
	04/11/2013	L130000	53552
3. 5. (a)	Date of filing/registration in Florida USA-RA LLC	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the 841 PRUDENTIAL DRIVE	ne Florida Dept. of State	- e:
	Registered Office Address 12TH FLOOR	DDRESS)	-
	JACKSONVILLE , FL	32207	-
(b)	LEGALINC CORPORATE SERVICES INC.		
(0)	Enter name of NEW Registered Agent and/or NEW Registered (	Office address:	
	5237 SUMMERLIN COMMONS		22 A
	NEW Registered Office Address:		
	SUITE 400		-
	FORT MYERS , FL	33907	, _
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liabers.	the registered office bility company, it if the limited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany. HA
J	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act in this cap performance of my I for in Chapter 602 ereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent		