L13000160003

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(City/State/Zip/Phone #)		
, PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2014

PHILIP JAMES LAMBERT LAMBERT SOLUTIONS LLC 220 39TH ST. NE BRADENTON, FL 34208

SUBJECT: LAMBERT SOLUTIONS LLC

Ref. Number: L13000160003

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return 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) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 114A00024601

www.sunbiz.org

D O DOV 0007 TO 11 1

COVER LETTER

TO:

TO: Registration Section Division of Corporations			
SUBJECT: Lombert 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:			
Philip Lambert			
Lombert Solutions LLC			
220394 ST N.E Bradeston 34208			
Address Bradevion 34208 City/State and Zip Code			
City/State and Zip Code Lomber Philip @ Youhoo. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Philip Lambest at (941) 574 - 4870 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			
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. Name of the limited liability company:	L Solutions LLC
9 9 4 54M 67 N.Tz 150001001-4 151	obs
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
November 14th /2013 Date of filing/registration in Florida	4. Document number
Ç Ç	
5. (a) Registered Agent and Registered Office shown on the records of the	he Florida Dept. of State:
LEGALINC CORPORATE SERVICES INC STA 841 PRUDENTIAL DRIVE 12TH FLOOR — JACKSONVILLE, FL 32207 —, FL	
(0)	Office address:
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	 , ω
NEW Registered Office Address:	
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) f the limited liability company or as otherwise provided in
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I have the property of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed iereby confirm that the limited liability company has been
Signature of Registered Agent	•