L14000039243

(Re	questor's Name)					
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(Cit	y/State/Zip/Phone	e #)				
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(Bu	siness Entity Nar	ne)				
(Document Number)						
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2015

LATISHA GONZALEZ / SOLTHERAPIE LLC 8 SOUTH J STREET SUITE 5 LAKE WORTH, FL 33460 US

SUBJECT: SOLTHERAPIE LLC Ref. Number: L14000039243

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

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 815A00007671

Carolyn Lewis
Regulatory Specialist II

www.sunbiz.org



INHS18 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: SOLTHERS PIE LC. 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:					
Latisha Gronzalez Name of Person					
SOLTherapie LC Prim/Company					
8 South J. Street Svite 5 Address					
Lake Worth FL 33440 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Latisha Gonzalez a1 (541) 502-1464					
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 & 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 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. N	lame of the limited liability company: SOLTHERAPIE LLC	<u>, </u>				
2. (a)	V or are are and I and a Company	Jez	Latisha	Gm	nzal	P-7
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	7	Mailing address of li	mited liabil	lity compan	y:
	8 South J Street Sufe 5	Ø	South	Are	of Si	ite
	1 also Hartle FI 334100	INK	o worth	FI	2711	7/4
	Care MATH IL 35100	Car	AC NOON IN	1 C	229	<u> </u>
	04/28/2015	L14000	039243			
3.	Date of filing/registration in Florida 4.		Document num	ber		
5. (a	Registered Agent and Registered Office shown on the records of the Florida	ints	Inc.			
	Registered Agent and Registered Office shown on the records of the Florida	a Dept. of S	tate:			
	Registered Office Address (MUST BE FLORIDA-STREET ADDRESS		<u>/</u>			c)
	A	_			귥	
	Tampa Fl. 336/2FL					on Mari On a
	Tanga 12 4. Cit				-5	
(b)					PH 12:	- 퐩포의 - 단
	Enter name of NEW Registered Agent and/or NEW Registered Office ad	<u>dress</u> :			2 2	
	8 South J Street Svite 5				9	##.
	NEW Registered Office Address:					
	Lake Worth FL 33440					
	, FL					
the chagent was/v	limited liability company is not organized under the laws of the range or changes are made, the Florida street address of the regi will be identical. Or, in the case of a Florida limited liability covere authorized by an affirmative vote of the members of the limited of organization or the operating agreement of the limited	stered off ompany, i nited liabi	fice and the busines it is hereby confirm ility company or as company.	ss office oned that the	of the regine change	stered (s)
Sign	authorized representative of a member		Printed or typed n	ame of sign	ee	
provis the ob- to me notifi	ely accept the appointment as registered agent and agree to actions of all statutes relative to the proper and complete perform ligations of my position as registered agent as provided for inverse relative to the proper and complete perform as registered agent as provided for inverse relative to the registered office address, I hereby can writing of this change.	t in this cl lance of n Chapter b confirm th	apacity. I further on the second of the seco	agree to c familiar documen lity compo	omply wi with and a at is being any has b	th the accept g filed een
Signa	ure of Registered Agent					