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| (F | Requestor's Name) | | | | | |
|---|-------------------------|---------------------------------------|--|--|--|--|
| (/ | Address) | | | | | |
| (A | Address) | | | | | |
| (0 | City/State/Zip/Phone #) | · · · · · · · · · · · · · · · · · · · | | | | |
| PICK-UP | ☐ WAIT | MAIL . | | | | |
| (E | Business Entity Name) | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates of | Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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2011 NAY 12 P 4: 31
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

FILED

D. BRUCE MAY 15 2017

COVER LETTER

INHS18 (2/14)

| TO: Registration Section Division of Corporations | | | |
|--|------------------|---|--|
| SAR-DESIGN SOLUTIONS | SLLC | | |
| SUBJECT: Nar | ne of Limited | Liability Company | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Off | fica Changa a | nd fac(s) are submitted for fi | lina |
| | _ | | mg. |
| Please return all correspondence concerning th | is matter to the | he following: | |
| CINTRON, CESAR M | | | |
| Name of Person | | | |
| SAR-DESIGN SOLUTIONS LLC | | | |
| Firm/Company | | | |
| 2779 CORBEL LOOP | | | |
| Address | | | |
| KISSIMMEE, FL 34746 | | | 28 TAL |
| City/State and Zip Code | | | |
| info@sar-design.com | | | 2011 HAY 12 F SECRETARY OF ALLAHASSEE, F |
| E-mail address: (to be used for future and | nual report no | tification) | mo n |
| For further information concerning this matter, | , please call: | | F STATE |
| CINTRON, CESAR M | 407 at (| 749-0925 | Dri W |
| Name of Person | ** \ | Area Code & Daytime T | 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 Fallahassee, Florida 32314 | |
| Enclosed is a check for the following | amount: | | |
| 2 \$25 Filing Fee | | \$55 Filing Fee & Certified C | Сору |

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 | ame of the limited liability company: | SOLU | TIONS LI | LC | | | |
|--|---|--|---|--|------------------------|----------|-----------------------------------|
| 2. (a) | 2779 CORBEL LOOP | (b) 2779 CORBEL LOOP | | | | | |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | | - | | | ity company: ICE BOX) |
| | KISSIMMEE, FL 34746 | | KISSIMI | MEE, FL | 34746 | | • |
| | 05/02/2014 | _ | L140000 | 71488 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Documer | nt number | r | |
| 5. (a) | UNITED STATES CORPORATION AGENTS, | , INC | | | | | |
|). (u) | Registered Agent and Registered Office shown on the records of the | e Florida | Dept. of State | - o: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET AD 13302 WINDING OAK COURT A | DRESS | | • | | | |
| | TAMPA , FL | 3612 | v | - | SECI TALL! | 2817 HAY | |
| (b) | CINTRON, CESAR M | | | _ | RETAS AHASS | HAY 12 | = |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> | ffice add | iress: | | | 2 | m |
| | 2779 CORBEL LOOP | | | _ |)F STA FLOA | T FF | Ö |
| | NEW Registered Office Address: | | | ü | NDA | ώ | |
| | KISSIMMEE FL3 | 4746 | | • | | | |
| the cha agent v was/we | imited liability company is not organized under the laws ange or changes are made, the Florida street address of the vill 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. | of the he regis ility co the limi mited li | tered office mpany, it is ited liabilit | e and the less hereby company open to the less than the le | ousiness o onfirmed | office o | of the registered te change(s) |
| Signat | ture of a member or authorized representative of a member | | ai ivi. Oii | | typed name | of signe | ** |
| I herel provisi the obl to mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point ignitions of my position as registered agent as provided pely reflect a change in the registered office address, I he din writing of this change. | e to act erforma for in C ereby co | in this cape ince of my hapter 605 infirm that | | | - | |
| Signatu | re of Registered Agent | | | | | | |