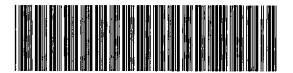
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(Re	questor's Name)		
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COVER LETTER

Division of Corporations	
FRESH SOLUTIONS LLC	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Douglas E Nicholson	
Name of Person	TALL
FRESH SOLUTIONS LLC	SLUANASSEE FIGURA
Firm/Company	
3841 Alafaya Heights Rd. Apt. 129	
Address	
Orlando, FL, 32828	
City/State and Zip Code	
douglas.nicholson85@yahoo.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Douglas E Nicholson	561 (601-5190
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 amoun	nt:
☑ \$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. Na	nme of the limited liability company: FRESH SOL	LUTIONS LLC		
2. (a)	3841 Alafaya Heights Rd. Apt. 129		2941 Mafaya Hajahta Dd. Ant. 120	
. (,	Principal office address of limited tiability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Orlando, FL, 32828	Orland	lo, FL, 32828	
	July 03, 2014			
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Douglas E Nicholson			
. ()	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of St	tate:	
	3831 Alafaya Heights Rd. Apt. 129			
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)		
			TAIL SE	
	Orlando	. _{L_} 32828		
	, r	15	A No paster	
(b)	Douglas E Nicholson			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address:		
	3841 Alafaya Heights Rd. Apt. 129		6: 3C	
	NEW Registered Office Address:		- >	
	Orlando	L_32828		
	, F	L_02020	_	
he cha gent v vas/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered offi liability company, it of the limited liabil	ice and the business office of the registere t is hereby confirmed that the change(s) lity company or as otherwise provided in	
		Douglas Ni	• •	
Signat	Three of a member or authorized representative of a member		Printed or typed name of signee	
l herei provisi he obl o mere iotified	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid Ity reflect a change in the registered office address, a I in writing of this change.	gree to act in this co le performance of m led for in Chapter 6 I hereby confirm tho	spacity. I further agree to comply with the y duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed at the limited liability company has been	
Sionatu	de mon			

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25,00