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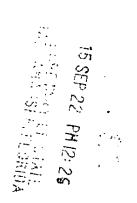
(R	equestor's Name)	·				
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PICK-UP	<b>■</b> WAIT	MAIL				
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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Reference: Change in Registered Agent

To whom this may concern:

Enclosed please find the completed form and appropriate fee for the change of Registered Agent for my LLC.

If you have any questions or require any additional documentation please do not hesitate to contact me.

Respectfully Supmitted

Robert Aderstein,

President

ra/RA cc:file

enclosure

## COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: MATRIX Score Sol. Name of Limi	ution Specialists, LLC ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
Robeet Adelstein Name of Person	
MAtrix Score Solution S Firm/Company	Specialists, LLC
45 Miller Road Address	·
Havana FC 32333 City/State and Zip Code	3
RAdelstein & matrix score E-mail address: (to be used for future annual report	Systems. com notification)
For further information concerning this matter, please ca	11:
Robert Adelstein at (9) 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

## 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.

2. (a) _			Score S		<u> </u>	
	Principal office address of ( <i>Note: MUST BE S</i>	limited liability company: TREET ADDRESS)	,	_		iability company: OFFICE BOX)
	45 Milke K	d	45	mi	11er	Rel
	Havana FC	32333	Hav	ana	FC	32333
	9-22-2014		L-1-	4000	1-4-81	50
3.		ration in Florida		Document		
5. (a) _	United State Registered Agent and Registered C	ES Corporat	Son Agen f the Florida Dept. of Stat	E, In	C	
		ST BE FLORIDA STREET		_		
,	13302 Win	nding DAKS	CT 5-	<i>H</i>		
	TAMPA	, FI	3261		*	
(1.)		Adelstein	•			្ញុំ
(b) _	Enter name of NEW Registered A	<del></del>	d Office address:	_	\$4.5 25.5 13.5	SEP
		0 1				10 000
	<u>45</u> Miller NEW Registered Office Address:	- Rd		_	11.	2
2	NEW Registered Office Address:					PH R
				_		N \$7
	Havana	ធា	32333		<b>متوی</b> ر،	
				-	•	
he chan	nited liability company is no ige or changes are made, the	Florida street address o	f the registered offic	e and the bu	usiness offi	ce of the registered
	ill be identical. Or, in the care authorized by an affirmati					
he artic	les of organization or the op	erating agreement of the	limited liability cor	npany.	1 - \	
Signatu	re of a member or authorized repr	-16 -2015 esentative of a member	Kuhart	Printed or ty	rel Name of	signee
7 1	v accept the appointment as ns of all statutes relative to gations of my position as reg y reflect a change in the reg in writing of this change.		ree to act in this cap performance of my ed for in Chapter 602		.7	