# 114000191789

(Re	equestor's Name)	······································				
(Address)						
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(Cit	ty/State/Zip/Phone	· #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to	Filing Officer:					

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December 22, 2015

FAROOQ MOHAMMED 10335 CROSS CREEK BLVD, SUITE #11 TAMPA, FL 33647

SUBJECT: ITRENDING SOLUTIONS LLC

Ref. Number: L14000191789

We have received your document for ITRENDING SOLUTIONS 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 115A00026771

FILED
2016 JAN IN A II: 32
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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ITRENDING 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:
FARODQ MOHAMMED  Name of Person  TRENDING SOLUTIONS LLC  Firm/Company
10335 CROSS CREEK BLVD, SUITE #11
TAMPA, FLORIDA, 33647  City/State and Zip Code  City/State and Zip Code
TAMPA, FLORIDA, 33647  City/State and Zip Code  accounts @ itzendingSolutions. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
FAROUQ MOHAMMED at (904) 955 6266  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.

	•			0.					
1. Na	me of the limited liability company:	1 IREN	DIN G	Soli	PRIORI	LLC			
2. (a) .	10335 CROSS CREEK Principal office address of limited lial	oility company:		(b) <u>1033</u>	Mailing ad	dress of lim	iited liab	LVD, Sulfacility company:	
	TAMPA, FL, 33	647		TAR	η <u>γωιε:</u> γγ <u>ρ</u> Α),	FL,	33	647	
	12-17-2014			41	4000				
3.	Date of filing/registration in	Florida	4.		Docum	ent numbe	er		
5. (a)	Registered Agent and Registered Office show  IN CORP SERVICES			da Dept. of S	tate:				
	Registered Office Address (MUST BE FI	ORIDA STRE	ET ADDRE	<u>S.S)</u>	<del></del>				
	1788 67Th	COURT	NOR	H					
	LOXAHATCHE	<u>E</u> ,	, FL <u>3</u>	3470	<del></del>	귶.			
(b)	FARDO MOHAN Enter name of NEW Registered Agent and/o		ered Office	addr <u>ess</u> :	_	SE GRETAR IDLAHASS	2016 JAN 1		
	10335 CROSS CI	REEK	BLV	D			Ιų A		
	NEW Registered Office Address:					97. 97.	<i>□</i> =		
	SOUTE # 11			<del>-</del>	<del></del>	<b>9</b>	32		
	TAMPA		, fl	3647	<u>-</u>				
the cha agent w was/we the arti	imited liability company is not organizinge or changes are made, the Florida will be identical. Or, in the case of a Fere authorized by an affirmative vote cles of organization or the operating a	street addres Florida limite of the member agreement of	s of the red liability ers of the limite	gistered off company, i imited liability c	t is hereby lity compa ompany.  Printed	confirme confirme my or as c	office ed that otherwi	the change (size provided AMBR	stered s) in
I herel provisi the obli to mere	by accept the appointment as register ons of all statutes relative to the prop igations of my position as registered of the property of the registered of	ed agent and er and compa agent as prov office address	agree to d lete perfor vided for it s, I hereby	ict in this co mance of m 1 Chapter 6 confirm th	apacity. I ny duties, à 505, F.S. C at the limit	further ag and I am f Or, if this d ted liabili	gree to amilian docum ty com	comply with r with and a ent is being pany has be	'i the ccept filed en

notified in writing of this change.

Signature of Registered Agent