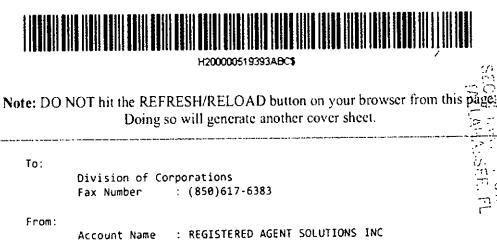
O 02/14/2020 1:26 PM * · · • ►

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000051939 3)))



Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE JC B2B SOLUTIONS, LLC

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COVER LETTER

	COVER LE	TTER	\$
TO: Registration Section Division of Corporations			
SUBJECT: JC B2B Solution	ons, LL e of Limited Lia		
Dear Sir or Madam:	, 0, 5,		
The enclosed Registered Agent/Registered Office	oo Chanaa and f	ea(e) are submitted for filing	
-		'.	
Please return all correspondence concerning this	s matter to the fo	ollowing:	
Mary Castillo			
Mary Castillo		-	
Name of Person			
Registered Agent Solutions, Inc.			
Firm/Company		-	
4704 Disease Blind Cuite 200			
1701 Directors Blvd, Suite 300		_	
Address			
Austin, TX 78744			
City/State and Zip Code		_	
E-mail address: (to be used for future ann	ual report notific		
		,	
For further information concerning this matter,	please call:		
Mary Castillo	888	705-7274	
Name of Person	_ ** (Area Code & Daytime Telephone Nu	mber
STREET/COURIER ADDRESS:		ILING ADDRESS:	
Registration Section	Registration Section		
Division of Corporations Clifton Building		ision of Corporations . Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301		lahassee, Florida 32314	
Enclosed is a check for the following	amount:		
□ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy	
INIIS18 (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.

Florida.	2.0-1.4 11.0
1: Name of the named flating company.	3 Solutions, LLC
_{2. (a)} 18831 PINES BLVD 319	(b) 18831 PINES BLVD 319
Principal office address of limited liability company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
(Note: MUST BE STREET ADDRESS) PEMBROKE PINES, FL 330	
PENDRONE FINES, 12 330	720
2/14/2015	L15000030857
3. Date of filing/registration in Florida	4. Document number
TROUT, LLC	
Registered Agent and Registered Office shown on the records	s of the Florida Dept. of State:
18331 PINES BLVD	7020
Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)
319	
PEMBROKE PINES	33028
D : A A Columbia	is, Inc.
(b) Registered Agent Solution	······································
Enter name of NEW Registered Agent and/or NEW Regists	ered Office address: TTI N
155 Office Plaza Dr.	
NEW Registered Office Address:	
Suite A	
Tallahassee	_{.FL} 323 <u>01</u>
	•
the change or changes are made, the Florida street address	e laws of the State of Florida, it is hereby confirmed that after so of the registered office and the business office of the registered
	ed liability company, it is hereby confirmed that the change(s) ers of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of	the limited liability company.
/s/ Mike Outlaw	Mike Outlaw Manager
Signature of a member or authorized representative of a member	Printed or typed name of signee
provisions of all statutes relative to the proper and comp the obligations of my position as registered agent as prov to merely reflect a change in the registered office address notified in writing of this change.	l agree to act in this capacity. I further agree to comply with the blete performance of my duties, and I am familiar with and accept wided for in Chapter 605, F.S. Or, if this document is being filed as, I hereby confirm that the limited liability company has been
Signature of Registered Agent	у -
Signature of regimered Agent	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00