L15000/69502

(Req	uestor's Name)	
(Add	ress)	
bbA)	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000320390830

11/05/18--01014--004 ++25.00

2018 NOV -5 P N 35



COVER LETTER

Division of Corporations	
SUBJECT: Source-ing Solutions LLC	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Brooks Yates	
Name of Person	
Source-ing Solutions LLC	
Firm/Company	
13690 MANDARIN CIR	
Address	
NAPLES, FL 34109	
City/State and Zip Code	
brooks.yates@source-ing.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	e call:
Brooks Yates	239 301-9988
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 amou	nt:
2 \$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.

(a)	(b)		
Principal office address of limited liability company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
(<u>Noie: MUST BE STREET ADDRESS</u>) 13690 MANDARIN CIR	136	13690 MANDARIN CIR	
NAPLES, FL 34109	NA	NAPLES, FL 34109	
10/05/2015	L15	000169502	
Date of filing/registration in Florida	4.	Document number	
(a) Brooks L Yates			
Registered Agent and Registered Office shown on the records	of the Florida Dept	, of State:	
Registered Office Address (MUST BE FLORIDA STREET 13690 MANDARIN CIR	ET ADDRESS)		
NAPLES	FL_34109		
Brandon N DeJesus		2018 HOV	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>		5 [
NEW Registered Office Address:			
	FL		
the limited liability company is not organized under the change or changes are made, the Florida street address on will be identical. Or, in the case of a Florida limited s/were authorized by an affirmative vote of the member articles of organization or the operating agreement of the second control of the s	s of the registered Hiability compairs of the limited	d office and the business office of the registed my, it is hereby confirmed that the change(s) liability company or as otherwise provided is	
	Brooks		
2			

Signature of Registered Agent