

L16000042026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

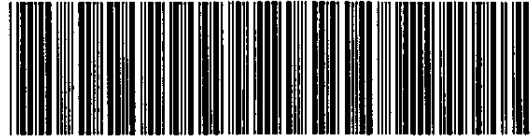
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 SEP 16 PM 2:15
CLERK OF COURT
TALLAHASSEE, FLORIDA

SEP 19 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2016

JOSEPH LAVINE
915 KEITH LANE ROAD
AUBURNDALE, FL 33823 US

SUBJECT: MY SOLUTION, LLC
Ref. Number: L16000042026

We have received your document for MY SOLUTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 716A00018983

COVER LETTER

2016 SEP 16 PM 3:29
TALLAHASSEE, FLORIDA
INHS18 (2/14)

TO: Registration Section
Division of Corporations

SUBJECT: My Solution
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:

Joseph Lavine
Name of Person

My Solution
Firm/Company

915 Keith Lane Road
Address

Auburndale/Florida 33823
City/State and Zip Code

joseph@mysolutiongroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Lavine at (813) 210-0435
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

JS

**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. Name of the limited liability company: My Solution

2. (a) My Solution (b) My Solution

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

1221 Fussell Road

Polk City, Florida 33868

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

1221 Fussell Road

Polk City, Florida 33868

02/29/2016

L16000042026

3. Date of filing/registration in Florida

4. Document number

5. (a) My Solution

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Joshua Daniels

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1221 Fussell Road

Polk City, FL 33868

(b) My Solution

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Joseph Lavine (Remove Joshua Daniels)

NEW Registered Office Address:

915 Keith Lane Road

Auburndale, FL 33823

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Joseph Lavine

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent