## L160000 65807

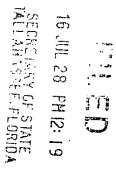
| (Request                                | tor's Name)            |  |
|---|------------------------|--|
| (Address                                | s)                     |  |
| . (Address                              | s)                     |  |
| (City/Stat                              | ite/Zip/Phone #)       |  |
| PICK-UP                                 | WAIT MAIL              |  |
| (Busines                                | ss Entity Name)        |  |
| (Document Number)                       |                        |  |
|   | Certificates of Status |  |
| Certified Copies                        | Certificates of Status |  |
| Special Instructions to Filing Officer: |                        |  |
|   |                        |  |
|   |                        |  |
|   |                        |  |

Office Use Only



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J. HARRIE

## **COVER LETTER**

| Division of Corporations   |  |  |
|--|--|--|
| SUBJECT: Jitatech Solutions, ilc   |  |  |
| 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:                        |  |  |
|  |  |  |
| Travis Rhea  |  |  |
| Name of Person   |  |  |
| Jitatech Solutions, uc.  |  |  |
| Firm/Company   |  |  |
| 3009 SW Archer Rd Apt D7   |  |  |
| Address  |  |  |
| Gainsville, FL 32608   |  |  |
| City/State and Zip Code  |  |  |
| travis@jitatechsolutions.com  E-mail address: (to be used for future annual report notification) |  |  |
| For further information concerning this matter, please call:                                     |  |  |
| Tot further information concerning this marker, preuse carr.                                     |  |  |
| Travis Rhea at (352) 213-9442  |  |  |
| Name of Person Area Code & Daytime Telephone Number  |  |  |
| STREET/COURIER ADDRESS: MAILING ADDRESS:   |  |  |
| Registration Section Registration Section  |  |  |
| Division of Corporations Division of Corporations  |  |  |
| Clifton Building P.O. Box 6327   |  |  |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301               |  |  |
| Enclosed is a check for the following amount:  |  |  |
| \$25 Filing Fee & Certified Copy   |  |  |

INHS18 (2/14)



June 27, 2016

TRAVIS RHEA 3009 SW ARCHER RD D7 GAINESVILLE, FL 32608

SUBJECT: JITATECH SOLUTIONS, LLC

Ref. Number: L16000065807

We have received your document for JITATECH 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):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00013436

SECRETARY OF STATE

## 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:  | Solutions, LLC  |
|--|---|
| 2. (a) 3009 SW Archer Rd Apt D7  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | (b) 3009 SW Archer Rd Apt D7  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |
| Gainesville, FL 32608  | Gaines ville FL 32608   |
|  | ·   |
|  | •   |
| April 4th, 2016  Date of filing/registration in Florida  | L16000065807  |
| 3. Date of filing/registration in Florida  | 4. Document number  |
| 5. (a) Travis E Rhea   |   |
| Registered Agent and Registered Office shown on the records of the   |   |
| 3716 Southwest 30th Terrace  | Apt 40C   |
| Registered Office Address (MUST BE FLORIDA STREET ADI  | <u>DRESS)</u>   |
| Gaineville   | 75 To   |
| .FL  | 32608 LECRE JUL 28  |
|  | 27 00 ·····   |
| (b) Travis E Rhoa  |   |
| Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>  | fice address:   |
| 3009 SW Archer Rd Apt  |   |
| NEW Registered Office Address:   | <b>&gt;</b>   |
| Gainesville  |   |
|  |   |
| ,FL  | 32608   |
| If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the line. | e registered office and the business office of the registered lity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in nited liability company. |
| Signature of a member or authorized representative of a member   | Travis Rhea  Printed or typed name of signee  |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe the obligations of my position as registered agent as provided for merely reflect a change in the registered office address, I her notified in writing of this change.                                       | to got in this congoity. I further garge to comply with the   |