## 11600000000652

(Re	equestor's Name)				
(Ad	ddress)				
(Ad	ddress)				
(C	ity/State/Zip/Phone #	<del>)</del>			
PICK-UP	☐ WAIT	MAIL			
(B	usiness Entity Name	)			
(Document Number)					
Certified Copies	Certificates o	f Status			
Special Instructions to Filing Officer:					
Sign					
/	Office Use Only				



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SECRETARY OF STATE
SECRETARY OF STATE

K. SALY MAY -3 2017

## COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divisio	on of Corporations				
SUBJECT:	INFINIT SOLUTIONS LLC				
SUBJECT	Name of Limited Liability Company				
Dear Sir or Ma	adam:				
The enclosed F	Registered Agent/Registered Off	ice Change a	and f	fee(s) are submitted for filing.	
Please return a	all correspondence concerning th	is matter to t	he f	following:	
MAIDA SPE	ENCE				
	Name of Person	-		<del></del>	
INFINIT SO	LUTIONS LLC				
	Firm/Company				
10312 BLO	OMINGDALE AVE STE 10	8 PMB 206	3		
	Address			_	
RIVERVIEV	V FL 33578				
	City/State and Zip Code			_	
	ns77@gmail.com				
E-mail ac	ddress: (to be used for future and	nual report no	otific	cation)	
For further info	ormation concerning this matter,	, please call:			
MAIDA SPE	ENCE	813		5090025	
	Name of Person	\		Area Code & Daytime Telephone Number	
Regist Divisio Cliftor 2661 E	ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301		Reg Div P.O	istration Section ision of Corporations . Box 6327 lahassee, Florida 32314	
Enclosed is a check for the following amount:					
\$25	Filing Fee		\$5	5 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

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. Na	me of the limited liability company: INFINIT SOLUT	TIONS	LLC	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  10312 BLOOMINGDALE AVE STE 108 PMB	(b)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	RIVERVIEW FL 33578	. <u>-</u>		
	04112016	L	160000	070652
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida FREDRICK JAMES LLC	4.		Document number
()	Registered Agent and Registered Office shown on the records of the FREDRICK JAMES LLC	Florida D	ept. of Sta	ite:
	Registered Office Address (MUST BE FLORIDA STREET AD: 600 BYPASS DRIVE STE 112	<u>DRESS)</u>		
	CLEARWATER ,FL_			T.
(b)	MAIDA SPENCE Enter name of NEW Registered Agent and/or NEW Registered Of	ffice addr	ess.	TARYES TO THE TARYES
	INFINIT SOLUTIONS LLC	ince aug <u>u</u>	<u> </u>	WITHN-1 PH 1:44 TALLAHASSEE, FLORIDI
	NEW Registered Office Address: 10312 BLOOMINGDALE AVE STE 108 PMB	206		- P
	RIVERVIEW , FL 3	3578		
the cha agent w was/we the arti	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited liabilities.	of the S he registe ility com the limite mited lia	ered office pany, it ed liabili bility co	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Signat				Printed or 1 sped name of signee
I herel provision the obli to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f ly reflect a change in the registered office address, I her I in writing of this change.	to act in erformar for in Ch reby con	n this cap ace of my apter 60 afirm tha	pacity. I further agree to comply with the values, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
3ignatur	Novida Spence re of Registered Agent			



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2017

INFINIT SOLUTIONS, LLC / MAIDA SPENCE 10312 BLOOMINGDALE AVE. SUITE 108, PMB 206 RIVERVIEW, FL 33578

SUBJECT: INFINIT SOLUTIONS, LLC

Ref. Number: L16000070652

We have received your document for INFINIT SOLUTIONS, 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.

Karen A Saly Regulatory Specialist II

Letter Number: 217A00007426

2017 MAY - 1 AM 11: 54 SLEWI PAY SEE, FLORIDA