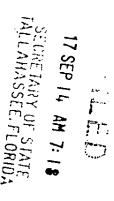
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(Requestor's Name)	
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PICK-UP WAIT	    MAIL 
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Special Instructions to Filing Officer:	
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## COVER LETTER

Division of Corporations	
SUBJECT: Of Gold	time fromp LLC
SUBJECT:	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Mint A. Torres or	-
Name of Person	
CT Solutions Gun	ip LL C
Firm/Company	
260 Dade Ave-	Apt- 113
Address	·
Orlando PL-32804	
City/State and Zip Code	
E-mail address: (to be used for future a	19 (P 9Mall. OM)
For further information concerning this matter	r, please can.
Clint Towes Ur.	at (808 ) 253-9567
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	 og amount:
☑ \$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.

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  Apply Street Address of limited liability company: (Note: MUST BE STREET ADDRESS)  Date of liling/registration in Florida 4. Document number  5. (a)  Registered Agent and Registered Office shawn on the records of the Florida Dept. of State:  OINT ATTEMPT ADDRESS  Registered Office Address  OINT ATTEMPT ADDRESS  WEW Registered Office Address  OFFICE ADDRESS  NEW Registered Office Address  OFFICE ADDRESS  NEW Registered Office Address:  OFFICE BOX  OFFICE B	1. Na	me of the limited liability company:	OT Solut	time Grow	y uc	
3. Date of filing/registration in Florida 4. Document number  5. (a) CT CONTINC Group LLC  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  CHILLY A. THAT C.  Registered Office Address:  What ARE HILD  ON AND ARE ARE HILD  Enter name of NEW Registered Agent and/or NEW Registered Office address:  WHO DADE ARE  DADE  NEW Registered Office Address:  WHO DADE ARE  DADE  ARE  SERVED TO THE ARE  NEW Registered Office Address:  WHO DADE ARE  DATE  NEW Registered Office Address:  WHO DADE ARE  DATE  Signatured is a 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the approintment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stanties relative to the propair and complete performance of my duties. I further agree to comply with the provisions of all stanties relative to the propair and complete performance of my duties. I further agree to comply with the provisions of all stanties relative to the propair and complete performance of my duties. I further agree to comply with the provisions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to my propagation and it am filed bility company has been filed.	2. (a)	•	1	(b)	_	
3. Date of filing/registration in Florida 4. Document number  5. (a) CT CONTINC Group LLC  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  CHILLY A. THAT C.  Registered Office Address:  What ARE HILD  ON AND ARE ARE HILD  Enter name of NEW Registered Agent and/or NEW Registered Office address:  WHO DADE ARE  DADE  NEW Registered Office Address:  WHO DADE ARE  DADE  ARE  SERVED TO THE ARE  NEW Registered Office Address:  WHO DADE ARE  DATE  NEW Registered Office Address:  WHO DADE ARE  DATE  Signatured is a 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the approintment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all stanties relative to the propair and complete performance of my duties. I further agree to comply with the provisions of all stanties relative to the propair and complete performance of my duties. I further agree to comply with the provisions of all stanties relative to the propair and complete performance of my duties. I further agree to comply with the provisions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to my propagation and it am filed bility company has been filed.				- <u>-</u>	170001848	Ch (e
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  CHIRT AT THE CONTROL STREET ADDRESS)  Registered Office Address  AUST BE FLORIDA STREET ADDRESS)  TO LAND  FL. 3280+  Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  WAD DADE AVE  CHANDO  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 sireet 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.  WANDA AGENTAL OF ART OF AR	•	agus 8/29/1-		_ <del>P</del>	16000	<del>=</del> 1
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(b)  Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  DRANDO  FL 27804  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 sirect 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 of a member or artiferized representative of a member  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 statules 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 mereby reflect a change in the registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mereby reflect a change in the registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mereby reflect a change in the registered office address. I hereby confirm that the limited liability company has been	5. (a)	Registered Agent and Registered Office show	n on the records of the		tate:	17 S
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered O			11	•		
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Signature of Registered Agent  Division of Corporations P.O. Poy 6327a Tallaharson FL 32314	Signatur	e of Registered Agent				

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