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· COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Sincere Solution Name of Limit	ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Mary Peterson Name of Person	
Sincere Solutions, LLC Firm/Company	
2019 Beleveder St Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Jacksonville, 7 L 32200 brenda harris 112955 @ gmail.	<u> </u>
brenca harris 112985 @ Amail. E-mail address: (to be used for future annual report	Com
For further information concerning this matter, please call	l:
Mary Peterson at 98	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:	

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

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. N	ame of the limited liability company: Sincere Solutions, LLC
2. (a)	3347 Dignan St (b) 3347 Dignan St
2. (a)	Principal office address of limited liability company: Mailing address of limited liability company:
_	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Jackson ville 1 + L Juckson Ville, + L
	32254 30234
	5/3/19 L17000235873
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Sincere Dolutions, LLC
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	3341 Dignan 0+
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	<u> </u>
	Jacksonville32254
(b)	2019 Belyeder St
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	2019 Belveder St
	NEW Registered Office Address:
	· · · · · · · · · · · · · · · · · · ·
	Jacksonville , FL 32208
If the	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the ch	ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/x	ore authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.
lilean	Syphia Tyris
Sign	ature of a member or authorized representative of a member Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed eld reflect a change in the registered office address, I hereby confirm that the limited liability company has been a in writing of this change
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Signature of Registered Agent