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COVER LETTER

Division of Corporations				
SUBJECT: Neus Soh	itions LLC			
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:				
Maria R Marques Name of Person				
News Solutions LLC Firm/Company				
533 NE 3rd Aue Apt 325 Address				
Fort Landerdale, F1 3330/ City/State and Zip Code				
E-mail address! (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Maria R. Marques at 787, 619 7215				
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			

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.

Florida	The finnoung annement in the second of the s	(1. tics	.117	
1. Nar	ne of the limited liability company:Neus_	Solution	ns LLC	
2. (a) _	5 33 NE 3rd Ave Apt 325 Principal office address of limited liability company:	_ (b)	Mailing address of limit	
	(<u>Note: MUST BE STREET ADDRESS)</u> Fort Lauderdale, fl 3330/	US	(Note: MAY BE PO!	VI OFFICE BUX)
	May 17, 2018		L 1800	0124786
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	United States Corporation Ag	ents, Inc	-	
	Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of S	tate:	
	13302 Winding Oak Cou		_ _	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>		
	Suite A		<u> </u>	
	Tampta, Fl 336/2 .FL			2020
	Maria R Margues			7020 FEB
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		2
	533 NE 3rd Ave Ap			PH 1: 16
	N'I'M' Danist and Office Address:		_	· -
	Fort Lauderdale			(4)
	Fort Lauderdale FI.	3330/		
the cha agent v was/we the arte	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of the organization or the operating agreement of the	vs of the State of the registered of ability company, of the limited liab	Florida, it is hereby office and the business it is hereby confirmed ility company or as of the company of the compan	d that the change(s) therwise provided in
<u></u>	ture of a member or authorized representative of a member		Mana K Printed or typed nam	ne of signee
I here provis the ob-	by accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do in writing of this change.		annaire I inchar an	mee to comply with the

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