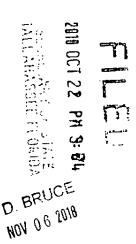


(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





10/22/18--01003--029 **25.00



, COVER LETTER

TO: Registration Section Division of Corporations			
	RETINE SOLUTIONS LLC ne of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
TARA NICKLOS Name of Person			
STRUCTURED MACKETING Firm/Company	- SOLUTIONS LLC	-: 2	
<u>Po</u> Box 391 Address		2010 OCT 22 PM 3: 844	- F
FELDA FL 33930 City/State and Zip Code		P. P.N. 3: 1 See floor	Stylen Liv.
E-mail address: (to be used for future ann	Com nual report notification)		
For further information concerning this matter,	please call:		
TAPA NICKLOS Name of Person	at (<u>239</u>) <u>287–1803</u> Area Code & Daytime Telepho	ne 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	iic (vuiit)ci	
Enclosed is a check for the following	; amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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. Na	une of the limited liability company: SECUREO W	PARKETING	SOLUTIONS	LLC	
2 (a)	1355 N. WILLIS RANCH RO. FELDA, FLBA	26h) PO	Box 39/		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	M	ailing address of limite (Note: MAY BE POS	ed hability comp	
	FELDA, FL.	FEL	DA, FL.	_ 	
	33930		930		
	OCTOBER 2018	11800	0239/32		
3.	Date of filing/registration in Florida 4.		Document number		
5. (a)	A DAM NICKLOS Registered Agent and Registered Office shown on the records of the Flo 1355 N. WILLIS RANCH R.D. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Registered Office Address Programs Plantage Address				
	FELDA .FL 3:	3930			
(b)	ADAM NICKLOS			28 10 C	~ 7)
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u>	<u>gddress</u> :		OCT 22 I	Secretary of
	NEW Registered Office Address:			PM 9: 84.	
	, FL			•	
the cha agent v was/we	imited liability company is not organized under the laws of inge or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited.	egistered office company, it is limited liability ed liability comp	and the business of hereby confirmed to company or as oth bany.	ffice of the re that the chang erwise provid	gistered ge(s)
Signa	ture of a member or authorized representative of a member		Printed or typed name	of signee	
provisi the obl to mer notified	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perforigations of my position as registered agent as provided for left reflect a change in the registered office address, I hereby in friting of this change. The way the change is the change of the change of the change is a change of the change. The way the change is a change of the change of the change is a change of the change of	act in this capa rmance of my d in Chapter 605, y confirm that th	city. I further agre uties, and I am fum F.S. Or, if this do ne limited liability (ee to comply v uiliar with an cument is bei company has	vith the d accept ng filed heen

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