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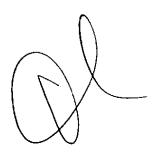
| (Requestor's Name)                      |  |  |  |  |  |  |
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|   |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
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|   |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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Office Use Only



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## COVER LETTER

|             | Registration Section<br>Division of Corporations   |                      |  |  |  |  |
|-------------|--|----------------------|--|--|--|--|
| SUBJEC      | LL Solutions LLC   |                      |  |  |  |  |
|             | Name of Limited Liability Company  |                      |  |  |  |  |
| Dear Sir    | or Madam:  |                      |  |  |  |  |
| The encl    | osed Registered Agent/Registered   | Office Change and    | fee(s) are submitted for filing.   |  |  |  |
| Please re   | eturn all correspondence concerning  | g this matter to the | following:   |  |  |  |
| Lisa Littl  | eton   |                      |  |  |  |  |
| <del></del> | Name of Person   |                      | <u> </u>   |  |  |  |
| LL Solut    | ions LLC   |                      |  |  |  |  |
|             | Firm/Company   |                      | <del></del>  |  |  |  |
| 5201 Oce    | ean Beach Blvd #21   |                      |  |  |  |  |
|             | Address  |                      | <del></del>  |  |  |  |
| Cocoa Be    | each, FL 32931   |                      |  |  |  |  |
|             | City/State and Zip Coo   | de                   | _  |  |  |  |
| Lisa@Ll     | SolutionsLLC.com   |                      |  |  |  |  |
| E-t         | nail address: (to be used for future   | annual report notif  | fication)  |  |  |  |
| For furth   | ner information concerning this ma   | tter, please call:   |  |  |  |  |
| Lisa Littl  | eton   | 740<br>at (          | 503-9589   |  |  |  |
| -           | Name of Person   |                      | Area Code & Daytime Telephone Number   |  |  |  |
|             | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                      | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |  |  |
|             | Enclosed is a check for the follow   | ing amount:          |  |  |  |  |
| 1           | \$25 Filing Fee  | □ s                  | 555 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.

| 1. Na                        | ame of the limited liability company: LL Solutions LLC  |   |                           |   |  |  |  |
|------------------------------|---|---|---------------------------|---|--|--|--|
| 2. (a)                       | 5201 Ocean Beach Blvd #21   |   | (b)                       | 5201 Ocean Beach Blvd #21   |  |  |  |
| Σ. (α)                       | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |   | (0,                       | Mailing address of limite (Note: MAY BE POS   |  |  |  |
|                              | Cocoa Beach, FL 32931   | _                                       |                           | Cocoa Beach, FL 32931   |  |  |  |
|                              | 11/8/2018   |   | I                         | .18000263095  |  |  |  |
| 3.                           | Date of filing/registration in Florida  | 4.                                      |                           | Document number   |  |  |  |
| 5. (a)                       | UNITED STATES CORPORATION AGENTS, INC   |   |                           |   |  |  |  |
| , ,                          | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  13302 WINDING OAK COURT  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |   |                           |   |  |  |  |
|                              | A   |   |                           |   | <u>~</u> >>  |  |  |
|                              | TAMPA ,FL   | 33612                                   |                           |   | :  |  |  |
| (b)                          | ALEX KOMIVES  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 124 CHICAGO WAY <u>NEW Registered Office Address:</u>  | Office                                  | ndd                       | ress:   | 0:-  |  |  |
|                              | ROCKLEDGE FL  | 32931                                   |                           |   |  |  |  |
| change<br>agent v<br>was/we  | imited liability company is not organized under the law<br>e or changes are made, the Florida street address of the<br>will be identical. Or, in the case of a Florida limited lia-<br>ere authorized by an affirmative vote of the members of<br>icles of organization or the operating agreement of the | registe<br>bility<br>I the l<br>limited | ere<br>cor<br>imi<br>d li | d office and the business office<br>apany, it is hereby confirmed to<br>ted liability company or as other                                     | of the registered hat the change(s)  |  |  |
| Signa                        | ture of a member or authorized representative of a member   |   |                           | Printed or typed name of  | of signee  |  |  |
| provisi<br>the obl<br>to mer | hy accept the appointment as registered agent and agre<br>ions of all statutes relative to the proper and complete p<br>ligations of my position as registered agent as provided<br>ely reflect a change in the registered office address, I h<br>d in writing of this change.                            | ee to a<br>perfor<br>I for in<br>tereby | ict<br>ma<br>i C.         | in this capacity. I further agree<br>nce of my duties, and I am Jam<br>hapter 605, F.S. Or, if this doc<br>afirm that the limited liability c | e to comply with the<br>iliar with and accept<br>ument is being filed<br>ompany has been |  |  |
| 1                            | DX DMMVer   |   |                           |   |  |  |  |
| -oignatu                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   | -                         | Section   | \$25-LLC   |  |  |
|                              | Division of Corporations● P.O. E<br>FILING F  |   |                           |   | \$35-Corp  |  |  |

INHSI8 (2/14) Check: Florida Dept. of State