## K21000522041

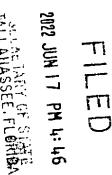
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## **COVER LETTER**

	gistration Section ision of Corporations							
SUBJECT:	FEA Solutions LLC							
SOBSECT.	Name of Limited Liability Company							
Dear Sir or	Madam:							
The enclose	d Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.					
Please retur	n all correspondence concerning th	nis matter to the	following:					
Jason Johnso	n							
	Name of Person							
FEA Solution	ns LLC							
	Firm/Company							
2224 Silver F	alm Dr							
	Address		_					
Edgewater, F	L 32141							
	City/State and Zip Code		<del></del>					
jason@feasol	lutionsusa.com							
E-mail	address: (to be used for future an	nual report notifi	cation)					
For further i	nformation concerning this matter	, please call:						
Jason Johnso	n	256 at (	604-2696					
	Name of Person		Area Code & Daytime Telephone Number					
	iling Address:		Street Address:					
	istration Section		Registration Section					
Div	ision of Corporations	Division of Corporations						
	. Box 6327		The Centre of Tallahassee					
Tall	ahassee, FL 32314		2415 N. Monroe Street, Suite 810					
			Tallahassee, FL 32303					

Enclosed is a check for the following amount:

■ \$25 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.

(a)	FEA Solutions LLC		(b)	FEA Solu	tions LLC		
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ ' '		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2224 Silver Palm Dr.	2224 Silve			er Palm Dr.		
	Edgewater, FL 32141		Edgewater, FL 32141				
	12/10/2021		L	210005220	041		
	Date of filing/registration in Florida	— 4.	_	<del></del>	Document n	umber	
(a)	FEA Solutions LLC						
(b)	Registered Agent and Registered Office shown on the records of	the Flor	ida D	Dept. of State	– e:		
	Darla K. Scalf						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			. FA			
	6627 Owens St.					7	
	Pensacola , FI	32503		<del></del> -	_	IN 17	
	FEA Solutions LLC				_	FILED PM 4: 46	
	Enter name of NEW Registered Agent and/or NEW Registered	1 Office :	addr	ess:	-		
	Jason Johnson					46 45	
	NEW Registered Office Address:	<u>-</u>		<u> </u>	_		
	2224 Silver Palm Dr.				_		
	Edgewater . FI	32141					
mge	imited liability company is not organized under the lator changes are made, the Florida street address of the	ws of the	red	office and	d the business	s office of the registered	
S/W(	will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	of the li	mite	ed liability	v company or	irmed that the change(s) as otherwise provided in	
10	som phusm	Jas	son J	ohnson			
,	ture of a number or authorized representative of a member					d name of signee	
erei visi obl	ov accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address, I is in which the change of the change.	ree to ac perforn d for in hereby	ct in nand Chi	this capa ce of my a apter 605, irm that t	ncity. I furthe luties, and I a , F.S. Or, if t the limited lia	er agree to comply with th im familiar with and acce his document is being file thility company has been	
nere ifiec	ly writing of this change.					company mas seen	