

L22000151906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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MAY 10 2024

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2024 APR -5 PM 1:10  
SECRETARY OF STATE  
MAY 10 2024

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Solo Pro 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:

Thorsten B. Thomas

Name of Person

Solo Pro Home Inspection Services

Firm/Company

6397 Irving Rd

Address

Cocoa, FL 32927

City/State and Zip Code

bradthom1978@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thorsten B. Thomas

Name of Person

at ( 321 ) 403-7068

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 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. Name of the limited liability company: SOLO PRO LLC

2. (a) 6397 Irving Rd (b) 6397 Irving Rd  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

COCOA, FL. 32927 COCOA, FL. 32927

3. 03 / 29 / 2022 4. L22000151906  
Date of filing/registration in Florida Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ZEN BUSINESS INC.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
336 E. College Ave Suite 301  
Tallahassee, FL 32301

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Thorsten B. Thomas  
**NEW Registered Office Address:**  
6397 Irving Rd.  
Cocoa, FL 32927

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] Thorsten B. Thomas  
Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

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TALLAHASSEE, FLORIDA