

L45136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

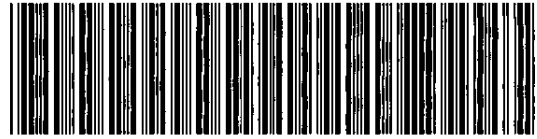
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 SEP 19 PM 1:41

SEP 23 2016

C LEWIS

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

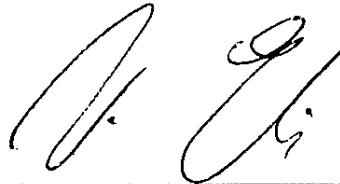
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DIVISION OF CORPORATIONS

2016 SEP 19 PM 1:30

MIRTA V. ELIAS VICE PRESIDENT
I, _____, hereby resign as _____
(Title)

LIFE PORTFOLIOS INC
of _____
(Name of Corporation)

P16000023976
_____, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA
_____.



(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOLUTION SERVICES INC.
Name of Corporation

DOCUMENT NUMBER: L 45136

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

GEORGE S. SORELLE
Name of Contact Person

SOLUTION SERVICES INC.
Firm/Company

14294 86TH FL
Address

SEMINOLE FL 33776
City/State and Zip Code

gsorelle@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE S. SORELLE at (727) 585-6527
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SOLUTION SERVICES INC.
2. The principal office address: 14294 86TH PL SEMINOLE, FL 33776
3. The mailing address (if different): - SAME -

4. Date of incorporation/qualification: 1/22/1990 Document number: 645136

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

GEORGE S. SORELLE
3696 CENTER CIRCLE
LARGO, FL 33774

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GEORGE S. SORELLE
14294 86TH PL
SEMENOLE, FL 33776

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

GEORGE S. SORELLE
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

9/15/2016
Date

If signing on behalf of an entity:
Typed or Printed Name

*** FILING FEE: \$35.00 ***