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EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 8294.02

AUTHORIZATION : C

COST LIMIT : \$ 25.00

ORDER DATE: September 30, 2013

ORDER TIME : 1:03 PM

ORDER NO. : 829402-010

CUSTOMER NO: 7904921

CHANGE OF AGENT

NAME: ROSTAN SOLUTIONS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: ROSTAN SOLL	JTIONS, LLC	
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 3433 Lithia Pinecrest Rd Suite 287 Valrico, FL 33596	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
10/04/2006	M06000005497	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dep	t. of State:
Registered Agent:	C T CORPORATION SYSTEM	<u>† </u>
Registered Office Address:	1200 SOUTH PINE ISLAND R PLANTATION, FL 33324	72
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address	00T-1
NEW Registered Agent:	Corporation Service Company	175-51 ·
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	<u></u>
<u> </u>	Tallahassee	,FL: 32301
If the limited liability company is not organized under the liconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the regical. Or, in the case of a Florid was/were authorized by an after	istered office da limited firmative vote of
Darius J. Stankunas Printed or typed name of signee I hereby accept the appointment as registered agent and as	ree to act in this capacing. It	6 milion in the contract of th
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provisions of all statutes relative to the provided I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	per and complete performance ition as registered agent as pi ely reflect a change in the reg has been notified in writing o	uriner agree to e of my duties, rovided for in vistered office of this change.
By: Sue G. Knigh Signature of Registered Agent Corporation Sergio & Cohinary Pre	I.	-
Division of Carnarations D.O. Day 623		

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