m09000001126

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
(Okyrotato/2)ph Hollo II/								
PICK-UP WAIT MAIL								
(Business Entity Name)								
-								
(Document Number)								
Certified Copies Certificates of Status								
Certified Copies Certificates of Glatus								
Special Instructions to Filing Officer:								
Operations to ming office.								

Office Use Only



100261608861

07/14/14--01005--018 **25.00

SECRETARY OF STATE FALLAHASSEE, FLORIDA

AFPROVED AND FILED

TEMIEUX

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations							
SUBJE	CORPORATE FILING SOLUTIONS, LLC							
50202	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Regis	tered Office Cha	inge and fee	e(s) are submitted for filing.				
Please	return all correspondence conc	erning this matte	er to the foll	lowing:				
	Jack Stephenson							
Name of Person								
Corporate Filing Solutions, LLC								
Firm/Company								
906	6 W. 2nd Avenue, STE 10	0						
	Address							
	Spokane, WA 99201							
	City/State and Zi	p Code						
custo	merservice@filingsmadee	asy.com						
E	-mail address: (to be used for f	uture annual rep	ort notifica	tion)				
For fur	ther information concerning th	is matter, please	call:					
	Jack	at (888	237-3410				
	Name of Person		Ā	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, Florida 32314					
Tallahassee, Florida 32301 Enclosed is a check for the following amount:								

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:CORPORA	TE FILI	ING SOLU	JTIONS, LLC		
	(a)		(b))	•		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		425 Boylston St., 3rd Fl.					
		Boston, MA 02116	_				
		03/20/2009		M0900	00001126		
3.		Date of filing/registration in Florida	4.		Document number		
5. (a	(a)	Florida Filing & Search Services, Inc.					
	(4)	Registered Agent and Registered Office shown on the records of t	· ::				
		Registered Office Address (MUST BE FLORIDA STREET A	-i-14	d			
		155 Office Plaza Drive, Suite A		SEC A J	SEC.		
		Tallahassee , FL	32301		JL 11 AHAS		
	(b)					14 PM TARY OF ASSEE.	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	SECRETARY OF STATE ALLAHASSEE. FLORIDA	EST .			
		NORTHWEST REGITERED AGENT LLC			36 ATE RIDA		
		NEW Registered Office Address:	•				
		3030 N. Rocky Point Drive, STE 150A					
		Tampa ,FL	33607				
the ag wather I protected	e cha ent vas/we e arti Signat herei ovisi e obl mere	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I in the writing of this change.	the regis ability con of the limited li	tered office mpany, it is ited liability com Ton in this cana	e and the business off is hereby confirmed the y company or as other apany. Printed or typed name of acity. I further agreed duties, and I am family, F.S. Or, if this docity the limited liability confirmed to the limited liability confirmed.	Tice of the registered that the change(s) rwise provided in	
Si	gnatu	re of Registered Agent	Dan Ke	en -	Manager		