PITAINII OF AMEDOFAMORS



Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500 Fax Number : (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

documents@inorp-com_

LLC REGISTERED AGENT CHANGE WORLDWIDE SOURCING SOLUTION, L.L.C.

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Corporate Filing Menu

Help

OCT 02 2014

C. CARROTHERS

10/1/2014

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Worldwide Sourcing Solution, L.L.C.							
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:							
Josia Soransen							
Name of Person							
InCorp Services, Inc.							
Firm/Company							
2360 Corporate Circle · Suite 400							
Address							
Henderson, NV 89074-7739							
City/State and Zip Code							
documents@incorp.com							
E-mail address: (to be used for future annual report notifical	tion)						
For further information concerning this matter, please call:							
InCorp Services, Inc. at ()						
Name of Person	rea Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: MAII	LING ADDRESS:						
Registration Section Registration	Registration Section						
	Division of Corporations						
	3ox 6327						
2661 Executive Center Circle Tallah Tallahæssee, Florida 32301	lassee, Florida 32314						
Enclosed is a check for the following amount:							
☑ \$25 Filing Fee □ \$55 F	Filing Fee & Certified Copy						
INHS18 (2/14)							

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY 18 OCT - 1 AM IO. 17

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the understanded 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: Worldwide Sourcing Solution, L.L.C.							
		1299 E. ARTESIA BLVD.		(b) 1299 E. ARTESIA BLVD.				
,	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Malling address of ilmited liability company: (Note: MAY BE POST OFFICE BOX)			
		CARSON, CA 90746		CARBO	N, CA 90748			
		10/31/2012		M120000	06139			
3.		Date of filing/registration in Florida	4,	,,,,,,	Document number			
5.	(a)	C T CORPORATION SYSTEM						
•	(-)	Registered Agent and Registered Office shown on the records	al the Fic	rida Dopt. of Sta				
		1200 South Pine Island Road						
		Registered Office Address (MUST BE FLORIDA STREE	TADDR	(273)	- .			
		Plantation	FL	33324	_			
	(b)	InCorp Services, Inc.						
	`	Enter name of NEW Registered Agent and/or NEW Register	ad Office	add res :	•			
		17888 67th Court North						
		NEW Registered Office Address:			-			
		·						
		Loxahatchee	FL.	33470	_			
T.C.	n #1							
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 artists of organization or the operating agreement of the limited liability company.								
		Ille Alax	_	<u>5her</u>	if Assal			
	ignu /	ure of a member or authorized representative of a member			Printed or typed name of signed			
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the profisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the poligation of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filled to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in firtuing of this change.								
_3	\sim	on behalf of Income						
Division of Corporations • P.O. Box 6327 • Tellahussee, FL 32314								
FILING FEE: \$25.00								

INH518 (2/14)