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COVER LETTER

TO: Registration Section Division of Corporations

United State Solutions LLC SUBJECT:

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:

Ramy Khalil

Name of Person

United State Solutions LLC

Firm/Company

4000 Hollywood Blvd Ste 555-South

Address

Hollywood, FL 33021

City/State and Zip Code

ramy@unitedstatesolutions.com

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

For further information concerning this matter, please call:

Ramy Khalil	786 5382992
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

☑ \$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.

(a)	me of the limited liability company: United St Principal office address of limited liability company		(b)			£11		
(-)	Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)	YI.	(b)					
	4000 Hollywood Blvd Ste 555-South		400	0 Holl	llywood Blvd Ste 555-South			
	Hollywood, FL 33021		Holl	ywood	네, FL 3	3021		
	May 31st, 2018		M180	00000	5180			
	Date of filing/registration in Florida	4.		[Docume	nt number		
	Registered Agent and Registered Office shown on the reco Registered Agents Inc							
-	Registered Office Address <u>(MUST BE FLORIDA STI</u> 3030 N. Rocky Point Dr., STE 150A	REET ADDRE	<u>\$\$)</u>					
-	3030 N. Rocky Point Dr., STE 150A	_						
<u>.</u>	3030 N. Rocky Point Dr., STE 150A Tampa	3360	7			• • •	2019	
	3030 N. Rocky Point Dr., STE 150A Tampa	3360	7					· · · · · · · · · · · · · · · · · · ·
- (b)	3030 N. Rocky Point Dr., STE 150A	3360	7			• • • •	7 I NAU 8102	· · · · · · · · · · · · · · · · · · ·
	3030 N. Rocky Point Dr., STE 150A Tampa	3360	7			· · · · · · · · · · · · · · · · · · ·		
- (b)	3030 N. Rocky Point Dr., STE 150A Tampa Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	3360	7			· · · · · · · · · · · · · · · · · · ·	CH LI NAL	د د د د د د د د د د د د د د
	3030 N. Rocky Point Dr., STE 150A Tampa Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u> United State Solutions LLC	3360	7				L I NUF	

If the limited liability company is not organized under the laws of the state of Pionda. It is net of common the registered 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.

Ramy Khalil Printed or typed name of signee Signature of a member or hutflorized representative of a member

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 pegistered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

notified in writing of this clump \gent Signature of Registerer

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: S25.00