

M66091

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A Total Solution, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** M66091

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:

Tom H. Billiris, Esq.

Name of Contact Person

Tom H. Billiris, P.A.

Firm/Company

P.O. Box 2006

Address

Palm Harbor, FL 34682

City/State and Zip Code

tombilliris@gmail.com

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

For further information concerning this matter, please call:

Tom Billiris

Name of Contact Person

at ( 727 ) 943-9466

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

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.

CR2E045 (03/12)

FILED  
2016 MAR 31 AM 6:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA