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	Division of Corporations		
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REGISTERED AGENT CHANGE SOLUTION SOURCE INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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 Morida.
1. The name of the corporation: Solution Source, Inc.
2. The principal office address: 3108 Central Drive, Plant City, Florida 33566
DOD DOOR Direct City Florido 22566
3. The mailing address (if different): PO Box 3082, Plant City, Florida 33566
4. Date of incorporation/qualification: 1/25/2010 Document number: P10000006930
 The name and street address of the current registered agent and registered office on file with the Florida Department of State; (If resigned, enter resigned)
Michelle Jemison
301 S Collins St. Ste 104
Plant City, Florida 33563
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Keith C. Smith, Esq.
One Lake Morton Drive
P.O. Box NOT acceptable Lakeland, FL 33801
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Michael or lyped plant con CEO
I hurshy 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 if 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, i hereby confirm that the corporation has been notified in writing of this change.
6/20/17 Date
If signing on behalf of an entity:
Typict or Printed Name
* * * FILING FRE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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