

P120000029384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

1002
9/19/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Liante Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: P12000029384

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:

David M. DeValdivielso

Name of Contact Person

Liante Solutions, Inc.

Firm/Company

1994 East Sunrise Blvd. #268

Address

Fort Lauderdale, Florida 33304

City/State and Zip Code

david.devaldivielso@gofilta.com

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

For further information concerning this matter, please call:

David M. DeValdivielso

Name of Contact Person

at (954) 203-3570

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

**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 Florida.

1. The name of the corporation: Liante Solutions, Incorporated
2. The principal office address: 1994 East Sunrise Blvd. #268, Fort Lauderdale Florida 33304
3. The mailing address (if different): 1994 EAST SUNRISE BLVD. #268, Fort Lauderdale, FL 33304
4. Date of incorporation/qualification: 3/26/2012 Document number: P12000029384
5. 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)

David M. Devaldivielso
1130 NW 86th Terrace
Pembroke Pines, Florida 33024

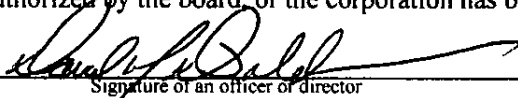
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

David M. Devaldivielso
1994 East Sunrise Blvd. #268
P.O. Box NOT acceptable
Fort Lauderdale, Florida 33304

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FLORIDA

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.


Signature of an officer or director

David M. DeValdivielso, President
Printed or typed name and title

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 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.


Signature of Registered Agent

9/5/2012

Date

If signing on behalf of an entity:

David M. DeValdivielso
Typed or Printed Name

*** FILING FEE: \$35.00 ***