

P98000010658

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Solutions Alltech Group, INC.
Name of Corporation

DOCUMENT NUMBER: P98000010658

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:

ALESANDRA RODRIGUES
Name of Contact Person

Solutions Alltech Group, INC.
Firm/Company

4611 S. UNIVERSITY DRIVE, # 106
Address

DAVE, FL 33328
City/State and Zip Code

ALESANDRAMARIE@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALESANDRA RODRIGUES at (561) 531-1785
Name of Contact Person Area Code & Daytime Telephone Number
(561) 450-7636

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

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SECRETARY OF STATE
TALLAHASSEE, FL

**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: Solutions AllTECH Group, INC.
2. The principal office address: 5011 S. STATE RD. 7 # 107
DAVIE, FL 33314
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 02/03/1998 Document number: P98000010658
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)

ALEXANDRA RODRIGUES
4611 S. UNIVERSITY DRIVE, #106
DAVIE, FL 33328

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

WALTER V RODRIGUES
5011 S. STATE RD. 7, # 107
P.O. Box NOT acceptable
DAVIE, FL 33314

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SECRETARY OF STATE

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]
Signature of an officer or director

WALTER V RODRIGUES
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]
Signature of Registered Agent

10/15/2014
Date

If signing on behalf of an entity:

WALTER V RODRIGUES
Typed or Printed Name

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