

LO4 0000 62428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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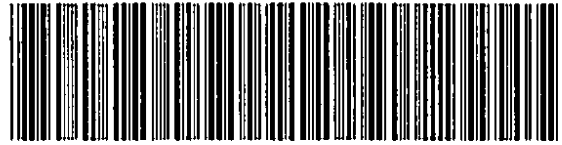
(Business Entity Name)

(Document Number)

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2020 JUL -8 AM 7:13

SECRETARY OF STATE
TALLAHASSEE, FL

n BRUCE
AUG 20 2020

COVER LETTER

TO: Registration Section
Division of Corporations

Constant Innovation 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:

Andre Raab

Name of Person

Constant Innovation LLC

Firm/Company

1091 Henley Downs Pl.,

Address

Lake Mary 32746-1901

City/State and Zip Code

andre.raab@constant-innovation.com

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

For further information concerning this matter, please call:

Andre Raab

-407

547-7792

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

Constant Innovation LLC

1. Name of the limited liability company: _____

1091 Henley Downs Pl., Lake Mary Fl. 32746-1901 1091 Henley Downs Pl., Lake Mary Fl. 32746-1901

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

08/23/2004 L04000062428

3. _____ 4. _____
Date of filing/registration in Florida Document number

Andre Raab

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1701 Stetson Ct.,

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Longwood 32779
_____, FL _____

(b) Andre Raab

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1091 Henley Downs Pl.,

NEW Registered Office Address:

Lake Mary 32746-1901
_____, FL _____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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.

Andre Raab

Signature of a member or authorized representative of a member

Printed or typed name of signee

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

Signature of Registered Agent

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TALLAHASSEE, FL