Electronic Filing Cover Sheet

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(((H22000004371 3)))



H220000043713ABCT

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC REGISTERED AGENT CHANGE INNVENTURE MANAGEMENT SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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INHS18 (2/14)

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	_{вст:} Innventure Mana	ıger	men	t Services, LLC
	Nan	ne of L	imited 1	Liability Company
Dear S	ir or Madam:			
The en	iclosed Registered Agent/Registered Off	ice Ch	ange an	d fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matt	er to the	following:
Ма	ry Castillo			
	Name of Person			
Regis	stered Agent Solutions, Inc.			
	Firm/Company			_
Corp	orate Center One, 5301 Southwe	st Pkv	vy, Ste	400
	Address			
Austi	n, TX 78735			
	City/State and Zip Code			
<u> </u>	E-mail address: (to be used for future an	nual re	port noti	fication)
For fu	rther information concerning this matter	, pleasi	e call:	
Ма	ry Castillo	at (888	705-7274
	Name of Person	_		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		R D P.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314
	Enclosed is a check for the following	ξ amoι	int:	
	S25 Filing Fee			\$55 Filing Fee & Certified Copy

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.

1.	Na	me of the limited liability company: Innve	nture N	/lar	nagemer	nt Services,	LLC		-
2.	(a)	5950 HAZELTINE NATIONAL I	DRIVE	(1	5950 H	AZELTINE NA	NOITA	AL DI	RIVE
	(4)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) SUITE 650	oany:	•	· ————	failing address of limi (<u>Note: MAY BE PO</u> 650	•	•	•
		ORLANDO, FL 32822			ORLA	NDO, FL 32	822		
		1/24/2018			M18000	0000864			
3.		Date of filing/registration in Florida		4.		Document number	г		
5	(a)	CORPORATION SERVICE (COMPA	/N,	Y				
· (v	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			:	MACCO SELECTION OF THE PARTY OF	2022		
		TALLAHASSEE	, _{FL} 32	230	1-2525		HAS	JAN-	14.
(b)	(b)	Registered Agent Solutions,	Inc.				STELFLORID;	-4 PH	FILED
(-7		Enter name of NEW Registered Agent and/or NEW Registered Office address:			S IA	∵			
		155 Office Plaza Dr.					YOY HE	20	
		NEW Registered Office Address:							
		Suite A							
		Tallahassee	FL_32	230)1				
the	cha	imited liability company is not organized unde inge or changes are made, the Florida street ad will be identical. Or, in the case of a Florida li	idress of the	: reg	istered office	and the business	office of	the reg	gisterec

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.

	• • • •	
/s/ Neal Renuart	Neal Renuart	Vice President of Finance
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 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 Mackenzie Hart, Asst. Secretary