

M100000004183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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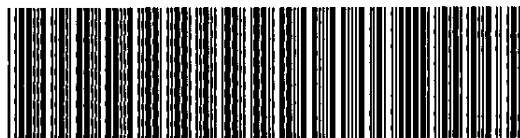
(Business Entry Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP 14 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNO4 LLC
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:

KC McCarthy

Name of Person

Bay State Corporate Services, Inc.

Firm/Company

Six Beacon Street, Suite 510

Address

Boston, MA 02108

City/State and Zip Code

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

For further information concerning this matter, please call:

KC McCarthy

Name of Person

at (617)

742-8484

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Bay State Corporate Services, Inc.
Six Beacon Street, Ste. 510
Boston, MA 02108
(617)742-8484 Fax: (617)742-8482

September 6, 2011

Enclosed you will find (1) Corporate Change of Agent filing(s) for FL-SOS

Subject name: INNO4 LLC

Please file the attached Corporate filing upon receipt. A check in the amount of \$25.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Thank you in advance for your assistance.

Sincerely,

KC McCarthy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: INNO4 LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

1133 164th St., SW, Ste 107
Lynnwood, WA 98087

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

1133 164th St., SW, Ste 107
Lynnwood, WA 98087

09/22/2010

M10000004183

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Corporation Service Company

Registered Office Address: 1201 Hays Street
Tallahassee, FL 32301-2525 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address: 515 East Park Avenue
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

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.

Robert N. Feldman 09/02/2011
Signature of a member or authorized representative of a member

Robert N. Feldman, Manager

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 608, 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.

by:

Timisha Clark
Signature of Registered Agent
Assistant Secretary

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

FILING FEE: \$25.00

FILED
SEP - 9 PM 12:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE