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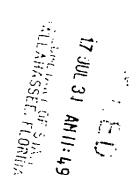
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	COVER LETTER		
	Registration Section Division of Corporations		
SUBJEC	1A1 Innovations, LLC		
SOBJEA		e of Limited Liab	pility Company
Dear Sir	or Madam:		
The enc	losed Registered Agent/Registered Offic	ce Change and fe	ce(s) are submitted for filing.
Please re	eturn all correspondence concerning this	s matter to the fo	llowing:
Katie L	omness		
-	Name of Person	• •	
Lomne	ss CPA Services, Inc.		
	Firm/Company		-
1408 E	Robinson Street		
	Address		_
Orland	lo, FL 32801		
	City/State and Zip Code		- ¹
Katie@)LomnessCPA.com		
E-1	mail address: (to be used for future annu	ial report notific	ation)
For furth	ner information concerning this matter,	please call:	I
Katie L	omness	407 at (440-2825 _
	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	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314
	Enclosed is a check for the following	amount:	1
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy
INHS18	(2/14)		

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.

Florid	a.			
1. Na	ame of the limited liability company:	is, LLC		
2. (a)		(b)		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1408 E Robinson Street	1408 E Robinson Street		
	Orlando, FL 32801	Orlando, FL 32801		
	02/15/2017	L17000036469		
3.	Date of filing/registration in Florida	4. Document number		
5. (a)				
J. (u)	Registered Agent and Registered Office shown on the records of the	e Florida Dept. of State:		
	United States Corporation Agents, Inc.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	13302 Winding Oak Court, A			
	Tampa 3	33612		
	, FL			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Of Lomness CPA Services, Inc.	Office address:		
	NEW Registered Office Address:			
	1408 E Robinson Street			
	Orlando . FL 3:	32801		
the cha agent v was/w- the art	will be identical. Or, in the case of a Florida limited liab	he registered office and the business office of the registered pility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in		
provisi the obj to mer notifie	ions of all statutes relative to the proper and complete peligations of my position as registered agent as provided fely reflect a change in the registered office address. I he din writing of this change.	e to act in this capacity. I further agree to comply with the performunce of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been		
	Catusianies-			
Signatu	ire of Registered Agent			