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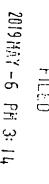
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Special Instructions to	Filing Officer:					
						

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUB.	IBMG SOLUTIONS, LLC					
		f Limited L	lability Company		_	
Dear	Sir or Madam:					
The e	enclosed Registered Agent/Registered Office	Change and	fee(s) are submitted for	filing.		
Pleas	e return all correspondence concerning this m	natter to the	following:			
MAF	RIA CRISTINA GAMARRA					
	Name of Person					
	Firm/Company		_	~. '£i∵:	201	
132	82 SW 127 CT				2019 MAY -6	AF F
	Address		- 	9년 11년	9	- E-250
MIA	MI, FL 33186				PM 3:	VEÙ D
	City/State and Zip Code			• •	5	
CRI	STINA_GAMARRA@HOTMAIL.COM					
	E-mail address: (to be used for future annual	report notif	ication)			
For f	urther information concerning this matter, ple	case call:				
MAF	RIA CRISTINA GAMARRA	980 at (829-6494		_	
	Name of Person	\ <u></u> .	Area Code & Daytime	e Telephone Numb	er	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.O	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 dlahassec, Florida 32314	1		
	Enclosed is a check for the following an	nount:				
		□ s.	55 Filing Fee & Certified	d 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.

I. Na	ame of the limited liability company: IBMG SOLUTI	IONS,	LLC		
2. (a)	12471 SW 130 ST, UNIT B-23 (b) 12471 S			SW 130 ST, UNIT B-23	
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (· /		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33186	_	MIA	MI,	FL 33186
	04-30-2019	_		001	45186
3. 5. (a)	Date of filing/registration in Florida THE SARIOL GROUP, LLC	4.			Document number
(₩)	Registered Agent and Registered Office shown on the records of the 8200 NW 41ST STREET	e Florida	Dept. o	of Stat	- e:
	Registered Office Address (MUST BE FLORIDA STREET AL SUITE 315	DDRESS	2		-
	MIAMI FL3	3166			20
(b)	MARIA GAMARRA Enter name of NEW Registered Agent and/or NEW Registered O	Office add	iress:		APPR AN FILE 138-1390
	13282 SW 127th CT				P#
	NEW Registered Office Address:	-			3: 5
	MIAMI FL ³	3186			
ine char agent w was/wei	mited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the operating agreement of the line of the line at the line of t	ne regis vility co the lim mited li	tered ompany ited lia ability	office , it is bility con	and the business office of the registered shereby confirmed that the change(s) company or as otherwise provided in apany.
Signati	ire of a member or authorized representative of a member		AN A	N I C	Printed or typed name of signee
l hereb provisió he oblig o merej	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pegations of my position as registered agent as provided fly reflect a change in the registered office address, I here writing of this change.	e to act erforma for in C reby co	in this nce of hapter nfirm t	capa my a 605 that t	rain 1 Cont. or

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent