Current Mai	iling Address:			
222 HALLCF PORT CHAF	REST TER RLOTTE, FL 33954 US			
FEI Number: 38-3912105			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent	:		
	DI CPAS, P.A.			
7061 S TAMIAN	MI			
7061 S TAMIAN C SARASOTA, FL	L 34231 US	ing its registered office or regis	tered agent or both in the State of Flor	ida
7061 S TAMIAM C SARASOTA, FL <i>The above named</i>		ing its registered office or regis	tered agent, or both, in the State of Flor	^{ida.} 12/18/2019
7061 S TAMIAM C SARASOTA, FL <i>The above named</i>	L 34231 US d entity submits this statement for the purpose of chang	ing its registered office or regis	tered agent, or both, in the State of Flor	
7061 S TAMIAM C SARASOTA, FL <i>The above named</i> SIGNATURE	L 34231 US d entity submits this statement for the purpose of chang E: LES GARDI Electronic Signature of Registered Agent	ing its registered office or regis	tered agent, or both, in the State of Flor	12/18/2019
7061 S TAMIAM C SARASOTA, FL <i>The above named</i> SIGNATURE	L 34231 US d entity submits this statement for the purpose of chang E: LES GARDI	ing its registered office or regis	tered agent, or both, in the State of Flor	12/18/2019
7061 S TAMIAN C SARASOTA, FL <i>The above named</i> SIGNATURE Authorized	L 34231 US d entity submits this statement for the purpose of chang E: LES GARDI Electronic Signature of Registered Agent Person(s) Detail :			12/18/2019
7061 S TAMIAM C SARASOTA, FL <i>The above named</i> SIGNATURE Authorized	L 34231 US d entity submits this statement for the purpose of chang E: LES GARDI Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGRM	12/18/2019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE	: JUDIT SZAMOSI MGRM	12/18/2019

Entity Name: INNOVATION LV LLC

Current Principal Place of Business:

222 HALLCREST TER

Date

Electronic Signature of Signing Authorized Person(s) Detail