## 101000000585

| (Requestor's Name)                      |  |  |
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| (Address)                               |  |  |
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| PICK-UP WAIT MAIL                       |  |  |
|   |  |  |
| (Business Entity Name)                  |  |  |
| ,                                       |  |  |
| (Document Number)                       |  |  |
|   |  |  |
| Certified Copies Certificates of Status |  |  |
|   |  |  |
| Special Instructions to Filing Officer: |  |  |
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Office Use Only



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SECRETARY OF STATE

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

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|--|--|
| Pursuant to the provisions of sections 608.416 or Cliability company submits the following statement in agent, or both, in the State of Florida.   | 508.508, Florida Statutes, the undersigned limited order to change its registered office or registered   |
| 1. The name of the limited liability company is:   | IN Holding L.L.C.  |
| 2. The mailing address of the limited liability compar   | p p 1 P m  |
|  | KIUIERA BEACH, FL 33404.   |
| 01/11/2001   | L01000000 585  |
| 3. Date of filing/registration in Florida  | 4. Document number   |
| 5. The name of the registered agent and the registered Florida Department of State:    Michael   Vename   Name   N | entinig Lia  |
| Addr<br>RIVIERA DEN<br>City, State   | and Zip CRETAR OF 28   |
| Florida street address (P.C. CORD STATE OF STATE A   | Det be STREET  D. Box NOT acceptable)  33065  and Zip  |
| If the limited liability company is not organized under<br>confirmed that after the change or changes are made,<br>and the business office of the registered agent will be<br>liability company, it is hereby confirmed that the char<br>of the members of the limited liability company or as<br>or the operating agreement of the limited liability com  | the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization   |
| (Signature of a member or authorized representative of a member)  (Printed or typed name obsignee)   |  |
| I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of n Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con   | and agree to act in this capacity. I further agree to<br>he proper and complete performance of my duties,<br>ny position as registered agent as provided for in<br>lo merely reflect a change in the registered office<br>npany has been notified in writing of this change. |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00