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Invovation 1508 BAY Wixni BE	PD, #	onnents 541
Mixui BE	ach, F	L 33/39
(Addr	ess)	
(City/	State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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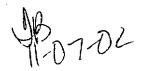
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

agent, or both, in the State of Florida.
1. The name of the limited liability company is: WOVATIVE ENTROWMENT
2. The mailing address of the limited liability company is: 1508 BAV Rd 450
Mixui BEACK, FL. 33139.
JAN 25, 2012.  3. Date of filing/registration in Florida  4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:   The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:   The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:   The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:   The name of the registered agent and the registered of the
6. The name and address of the new registered agent and/or office:
MARCMACFARIANE  1508 BAYRA: #541  Florida street address (P.O. Box NOT acceptable)  Mixmi Baxket 33/39  City, State and Zip
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.
(Signature of a member grauthorized representative of a member)  ALANC MACIFARMAN  (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 auties, 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 known you may hat the limited liability company has been notified in writing of this change

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

FILING FEE: \$25.00

INHS18(10/99)