

L02000019560 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

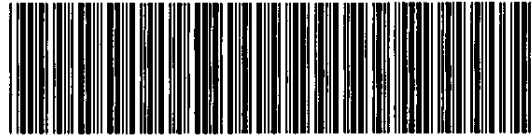
(Business Entity Name)

(Document Number)

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12 FEB 13 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
FEB 14 2012
EXAMINER



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February 7, 2012

VIA U.S. MAIL

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RECEIVED
12 FEB 13 PM 4:12
TALLAHASSEE, FLORIDA
STATE

RE: Innovative Lifestyles, LLC


Ladies and Gentlemen:

Enclosed for filing is a Statement of Change of Registered Office or Registered Agent or Both for Innovative Lifestyles, LLC. Please file this document with your department as soon as possible and send evidence of the filing to the undersigned in the envelope provided. A check in the amount of \$25.00 is enclosed to cover the filing fees.

Thank you for your assistance in this matter. If you have any questions, please call.

Very truly yours,

QUARLES & BRADY LLP


Debra A. Millinowisch
Paralegal

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovative Lifestyles, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra Millinowisch
Name of Person

Quarles & Brady LLP
Firm/Company

300 N. LaSalle Street, Suite 4000
Address

Chicago, IL 60654
City/State and Zip Code

greg@innovative-lifestyles.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Millinowisch at (312) 715-5000
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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

FILED
12 FEB 13 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

1. Name of the limited liability company: Innovative Lifestyles, LLC

2. (a) Principal office address of limited liability company: 6210 Shirley Street, Suite 104

(Note: MUST BE STREET ADDRESS)

Naples, FL 34109

(b) Mailing address of limited liability company: 6210 Shirley Street, Suite 104

(Note: MAY BE POST OFFICE BOX)

Naples, FL 34109

8/1/2002

L02000019560

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Naples-Lawdock, Inc.

Registered Office Address:

1395 Panther Lane, Suite 300
Naples, FL 34109

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Gregory A. Biehl

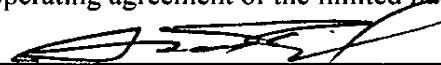
NEW Registered Office Address:

6210 Shirley Street, Suite 104

(MUST BE FLORIDA STREET ADDRESS)

Naples, FL 34109

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 or authorized representative of a member

Gregory A. Biehl

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 duties, 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, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

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

FILING FEE: \$25.00