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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	CT: Innovative Reasoning, LLC						
	Name of Limited Liability Company						
Dear Sir	or Madam:						
The enc	losed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.					
Please re	eturn all correspondence concerning th	nis matter to the following:					
Robert	P. Roberson, II						
	Name of Person						
Innova	tive Reasoning, LLC						
	Firm/Company						
12424	Research Parkway, Suite 155						
_	Address						
Orland	o, FL 32826						
	City/State and Zip Code						
Robert	.Roberson@innovativereasoning	g.com					
Е-г	nail address: (to be used for future annual	ual report notification)					
For furth	er information concerning this matter,	please call:					
Lawren	ce G. Miceli, Esq	407 781-2744					
	Name of Person	Area Code & Daytime Telephone Number					
F I C 2	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:							
C	2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

* 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.

1.	Na	me of the limited liability company: Innovative Rea	soning	g,	LLC		
2. ((a)	12424 Research Parkway	(b	.,	12424 R	esearch Parkway	
,	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	, _		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Suite 155	_	5	Suite 155	<u> </u>	
		Orlando, FL 32826	_	<u> </u>	Orlando, FL 32826		
		09/21/2005		LC	_05000093060		
3.		Date of filing/registration in Florida	4.			Document number	
5.	(a)	Robert P. Roberson, II					
J. (a)	(a)	Registered Agent and Registered Office shown on the records of the F 12000 Research Parkway			ept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET AD Suite 450			2826 PORESS 2826		
		Orlando, FL 3	2826		_	A P	
((b)	Robert P. Roberson, II Enter name of NEW Registered Agent and/or NEW Registered C	Office add	dre	:5 <u>\$</u> :	30 T. 5	
		NEW Registered Office Address:					
		Suite 155					
		Orlando, FL_2	2826				
the age was	chai nt w /we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of titll be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the li	he regis pility co the limi mited li	ster omp ite iab	red office pany, it is ed liability pility comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
		fill the	Rob	er		person, II	
	_	ure of a member or authorized representative of a member	a to ant	·		Printed or typed name of signee	
prov the s to n	visio obli i e re	y accept the appointment as registered agent and agreons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of the change.	e 10 act erforma for in C ereby co	in and Cha onf	inis capa ce of my d apter 605, firm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
0:	بر	Attilles					
SIE	ra (U)	e of Registered Agent					