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TI WAL JODS	P 5 TC
(Requestor's Name) SECRETARY	Adino
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COVER LETTER

TO:	Registration Division of C	•				FILE
SUBJ	ECT:	Incite	Wanas Mu Name of Limited I	A LLC iability Company)	ZOOL SECA TALLA	JAN 17 P RETARY OF S HASSEE, FL
Dear S	Sir or Madam:					٠٠, ر
The en	nclosed Regist	ered Agent/Re	gistered Office Ch	ange and fee(s) are s	ubmitted for filing.	
Please	return all con	espondence ec	oncerning this matt	er to the following:		
	Sus	(Name of Person	Partozz			
	lnci	k Waras	ement LLC			
_ (55	0 IUE 64	(Address)	6-502	No. of the second secon	·	
<u>_</u> /	liami 1 F	(City/State and Zip (3 <u>8</u> Code)	nganing and an and an		
For further information concerning this matter, please call:						
	JUSGO (Nam	Pantoai de of Person)	at (7		9933 Daytime Telephone	: Number)
	Registration S Division of Co Clifton Buildi	orporations		MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, Florida	tions	

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

Tallahassee, Florida 32301

\$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 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. The name of the limited liability company is:

Incite Management Class JAN 17.

2. The mailing a	ddress of the limited liability company	is: 710 Washing	ten Satretaky p
#420)	Miani beach, FC	33/38	MALLAHASSÉE,
Nov 2005 3. Date of filing	registration in Florida	L0500113- 4. Document number	196
5. The name of the Florida Depart	: ie registered agent and the registered o inent of State:	• •	e records of the
	Benjamin B	rassini	
	710 Washington And Address	4 # 410 ss	
	Miami Brach FL City, State a	33)39 and Zip	
6. The name and	address of the new registered agent an	d/or office:	
	Susan M. † Name 650 NE 644 St. Florida street address (P.O.	G-502	
	Miami FL City, State an	33138	_
confirmed that af and the business liability company the members of the the operating agr	ility company is not organized under the change or changes are made, the office of the registered agent will be id, it is hereby confirmed that the change he limited liability company or as other coment of the limited liability company or as other to authorized representative of anymbor)	e Florida street address of the lentical. Or, in the case of a let e(s) was/were authorized by a rwise provided in the articles y.	e registered office Florida limited an affirmative vote o
(Printed or typed name	•		
i hereby accept to comply with the part of the part of the complex to the complex	he appointment as registered agent an provisions of all statutes relative to the with and accept the obligations of my. Or, if this document is being filed to confirm that the limited liability comp	d agree to act in this capacity proper and complete perform position as registered agent merely reflect a change in the pany has been notified in wri	ty: I further agree to mance of my auties, tas provided for in the registered office ting of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00