

LOT 000047048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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T. CLINE

OCT 14 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INVAQUEST, 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:

Dominique Northecide

(Name of Person)

Invaquest, LLC

(Firm/Company)

4733 NW 96th Drive

(Address)

Coral Springs, FL 33076

(City/State and Zip Code)

For further information concerning this matter, please call:

Dominique Northecide

(Name of Person)

at ( 954 ) 410 - 8424

(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

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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: INVAQUEST, LLC

2. (a) Principal office address of limited liability company: 4733 NW 96th Drive  
(Note: **MUST BE STREET ADDRESS**) Coral Springs, FL 33076

(b) Mailing address of limited liability company: 4733 NW 96th Drive  
(Note: **MAY BE POST OFFICE BOX**) Coral Springs, FL 33076

September 22, 2008 L06000047048

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: Yosef Habte

Registered Office Address: 58 SPINNING WHEEL LANE  
TAMARAC FL 33319

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

**NEW** Registered Agent: Dominique Northecide

**NEW** Registered Office Address: 4733 NW 96th Drive  
(**MUST BE FLORIDA STREET ADDRESS**) Coral Springs, FL 33076

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]  
(Signature of a member or authorized representative of a member)

Dominique Northecide  
(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]  
(Signature of Registered Agent)

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