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(F	Requestor's Name)					
	Address)					
	Address)					
((City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(i	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

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COVER LETTER

SUBJECT:	ame of Limited Liability Company
iNi	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Cindy Bales G	sardner, B.A
Name of Person	
Ivey (rest,	LLC
Firm/Company	
2021 Public	- Beach Pd
Address	
Ocula, FL	34472
City/State and Zip Code	
edshales @ Gr E-mail address: (to be used for futulda	nail. Com nnual report notification)
For further information concerning this matte	er, please call:
Cindy Bales - Gar 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	MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
▼ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

TO: Registration Section

Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOF 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 o, Florida

1. Na	me of the limited liability company:	Iven	Crest		110	
2. (a)	10 change	(b)		ch		<u> </u>
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of the May B			
	0 + 1 = 0	171	7.0 7.1	Peb.		Bay ()
						
	Peala Fe 344	172	Oca la	FL.		4472
	8/18/2008		L08000	007	85.	55
3.	Date of filing/registration in Florida	4.	Document nu	mber		
5. (a)						
, ,	Registered Agent and Registered Office shown on the records	of the Florida Dept. o	f State:			
	Edward Scott Ba	le s				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)				
	2021 Pebble Beau	-h RZ				
	Ocolo	FI. 3447	12	SEC: TAL	2019.	
(b)	Cindy Balas- Ga	ardner		LAH.	JUL 2	77
	Enter name of NEW Registered Agent and/or NEW Register			AS.	9	
	2021 Pebble Bea	il RE			AH IO:	
	NEW Registered Office Address:				56	
	Cala, Fi.	34472	<u></u>			
		#				
the chai agent w was/we	mited liability company is not organized under the nge or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the	of the registered of liability company is of the limited lia he limited liability	office and the busing it is hereby confinibility company or a company.	ness offic rmed that as otherv	e of the t the ch vise pro	e registered lange(s)
Signati	ure of a member or authorized representative of a member		Printed or typed	T I name of si	- ignee	
I hereb provision the oblination to mere notified	y accept the appointment as registered agent and a ons of all stoutes relative to the proper and comple gations of my position as registered agent as provi by reflect of change in the registered office address, in writing of this change.	uman ta mat in this				ly with the and accept being filed has been
Signatur	e of Registered Agent,	~				