

LO9000037223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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AUG 19 2016  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ivery Design Studio 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:

Shuamain Ivery

Name of Person

Ivery Design Studio LLC

Firm/Company

PO Box 679325

Address

Orlando, FL 32867

City/State and Zip Code

sivery@iverydesignstudio.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shuamain Ivery

at ( 407 )

373-5675

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA  
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**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. Name of the limited liability company: Ivery Design Studio LLC

2. (a) Ivery Design Studio LLC (b) Ivery Design Studio LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

14634 Sweet Acacia Dr

Orlando, FL 32828

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

PO Box 679325

Orlando, FL 32867

04/16/2009

L09000037223

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:

SHUAMAIN IVERY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1 PURLIEU PLACE, SUITE 160

Winter Park, FL 32792

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

SHUAMAIN IVERY

**NEW** Registered Office Address:

14634 Sweet Acacia Dr

Orlando, FL 32828

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

Shuamain Ivery 8/15/16  
Signature of a member or authorized representative of a member

Shuamain Ivery, Managing Director

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 605, 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.*

Shuamain Ivery 8/15/16  
Signature of Registered Agent

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

FILING FEE: \$25.00