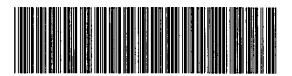
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•					
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MA	JL				
(Business Entity Name)					
. (Document Number)					
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SEGMENT OF STREET

AUG 1 9 2013 BRIJCE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Ivery Design Studio LLC	CT :	L'I'I'.			
Name of	Limited	Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Off	Change a	nd fee(s) are submitted for filing	; .		
Please return all correspondence concerning this m	atter to tl	he following:			
Shuamain Ivery					
Name of Person					
Ivery Design Studio LLC					
Firm/Company					
PO Box 679325					
Address					
Orlando, FL 32867					
City/State and Zip Code			Z Z	75	
sivery@iverydesignstudio.com			747 1801	2016 AUG	<i>□</i> +2∈0
E-mail address: (to be used for future annual	report no	otification)	755 S	- 9	Species agentace grandle
For further information concerning this matter, plea	ase call:		ار العارات المارات المارات	8 A	
Shuamain Ivery	407	373-5675	STAT	م	O
Name of Person) Area Code & Daytime Tele	phone N	umber	•
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 am	ount:				
■ \$25 Filing Fee		\$55 Filing Fee & Certified Cop	y		

INHS18 (2/14)

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:Ivery Design S	tudio L	.LC		
2	(a)	Ivery Design Studio LLC	(h)	lvery Des	sign Studio LLC	
۷.	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0,	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		14634 Sweet Acacia Dr		PO Box 6	379325	
		Orlando, FL 32828	_	Orlando,	FL 32867	
		04/16/2009		L0900003	37223	
3.		Date of filing/registration in Florida	4.	I	Document number	
5.	(a)					
٥.	(4)	Registered Agent and Registered Office shown on the records of the SHUAMAIN IVERY	e Florida	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		전 2	
		1 PURLIEU PLACE, SUITE 160			2016 AUG	
		Winter Park, FL 3	32792		HASSE TO THE TANK THE	
			٠		m m	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered C)ffice odd	roet.	A & 21	
		Effect fiance of NEW Registered Agent and/of NEW Registered C	Milet aud	<u>ress</u> .	9 2 ORIG	
		SHUAMAIN IVERY			, E	` •
		NEW Registered Office Address:				
		14634 Sweet Acacia Dr			•	
		Orlando .FL3	32828			
the ag wa the	e cha ent v as/we e arti Signal	mited liability company is not organized under the laws nge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of clear of organization or the operating agreement of the liability and agreement of authorized representative of a member of authorized representative of a member on so of all statutes relative to the proper and complete proper in the registered agent as provided the proper actions of my position as registered agent as provided the proper and complete proper and comp	he regis bility co the limited li Shu	tered office ampany, it is ted liability ability compamain lve	and the business office of the regist hereby confirmed that the change(s company or as otherwise provided pany. ry, Managing Director Printed or typed name of signee city. I further agree to comply with	ered) in the
no	lified	Is raflect a change in the registered office address, I he writing of this change. SITUE Control Registered Agent	ггеву со	nfirm that th	he limited liability company has bee	n
	C	Division of Connections & D.O. Do	n= 4227	• Tallahass	oo El 22214	

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