Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020 : (813)435-3176 Phone Fax Number : (813)333-6358

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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 608.416 or 608.5 liability company submits the following statement in orde agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered	
Name of the limited liability company:	INGDAN, LLC	
2. (a) Principal office address of limited liability company	4955 SW 91ST AVENUE	
(Note: MUST BE STREET ADDRESS)	COOPER CITY, FL 33328	
(b) Mailing address of limited liability company:	4955 SW 91ST AVENUE	
(Note: MAY BE POST OFFICE BOX)	COOPER CITY, FL 33328	
05/01/2009	L09000042557 3 2 2 4 Document number	
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:	The Law Offices of Nick Spradlin, PLLC	
Registered Office Address:	13007 W. LINEBAUGH AVE STE 101 TAMPA, FL 33626	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: Registered Agents Inc.	
NEW Registered Office Address:	3030 N. Rocky Point Dr. STE 150A	
(MUST BE FLORIDA STREET ADDRESS)	Tampa ,FL 33607	
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 of a member or authorized representative of a member NICKOLAS J. SPRADLIN AUTHORIZED REP. 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.		
and I am familiar with and accept the obligations of my po- Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan		
Signardy of Registered Agent	•	

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