

L10000017281

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
· (Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900214634449

12/02/11--01016--001 **25.00

2011 DEC -2 PM 12: 31
SEUGETARY OF STATE
ALL AHASSEE EL COLO

T. HAMPTON

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Innovate Today, 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:			
Elizabeth Barlowe Name of Person			
Innovate Today, LLC Firm/Company			
POBOX 4361 Address			
Seminole, FL 33775 City/State and Zip Code			
Liz Barlowe & Innovate Today LLC. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Elizabeth Barlowe at (727) 709-9927 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 \$\infty\$ \$55 Filing Fee & Certified Copy			

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. liability company submits the following statement in ordagent, or both, in the State of Florida.	der to change its registered office or registered
1. Name of the limited liability company:	ovate Today, LLC
2. (a) Principal office address of limited liability compar	ny:
(Note: MUST BE STREET ADDRESS)	8837 129th Street Seminole, FL 33776
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	PO Box 4361 Seminole, FL 33775
2/15/10	L10000017281
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Alan Gassman
Registered Office Address:	1245 Court St., Ste. 102 Clearwater, FL
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address: Elizabeth Barlowe
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8237,129th Street Seminale ,FL33776
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Elizabeth Boylowe Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with a my pand I am familiar wit	Florida street address of the registered office ntical. Or, in the case of a Elorida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization by. ASSE OF STAN

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