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	augstars Nama)				
(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
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Special Instructions to	Filing Officer:				
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	CCT: Infinityfan Nam	e of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the following:
	avid Silvano Name of Person	
<u>I</u> ,	Firm/Company	
161	7 North Ave Address	
Le	high Acres City/State and Zip Code	
<u>ds</u>	ilvano Chotmail Com i-mail address: (to be used for future ann	ual report notification)
For fur	ther information concerning this matter.	please call:
D_a	wid Silvano	at (954) 895-7678
	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
	Englosed is a check for the following	amount:
	☐ \$25 Filing Fee	S55 Filing Fee & Certified Copy

*STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

T ROTTOG.				
1. Name of	f the limited liability company: _	Infinitifa	h	
2. (a) _/6	517 North Ara		(b) 1617 No	rth Arr
	Principal office address of limited liab (Note: MUST BE STREET AL		Mailing addres	s of limited liability company: **FRE POST OFFICE BOX**
1	aba A Fl	73977	/ a b \) A .	~ Gl 33.677
<u> </u>	Eligh Heles		LETTIGH ME	75 71)) 71 / -
-	/			
6	3/27/2010		L100000	31487
3.	Date of filing/registration in	Florida 4.	Document	number
5. (a) (2	nited Agent Sta	to & Corpor	ation Agents	. Inc
Regis	stered Agent and Registered Office show	n on the records of the Flo	rida Dept. of State	
$\bigcup_{\Omega \text{ on is}}$	nited States WYPOR	ation Agent	s.Inc.	
j ^	3302 11/1/2/	O. K. Blue	1 S. to A-100	·
	t VV, na mg	Carrs SIVA	2/12	350 19
	ampa	FL	36/2_	E E
(b)	David Silvano			3355 -3
Enter	name of NEW Registered Agent and/o	r NEW Registered Office	address:	AH III
r	Durit 51/4000			ORIGINAL CONTRACT
NEW NEW	V Registered Office Address:			OD A
	1617 North	Ave		
,	1. L 1 1	2	2 2 2 2	
	Lehigh Acres	FI. <u></u>	3912	
	d liability company is not organiz or changes are made, the Florida s			
agent will be	e identical. Or, in the case of a F altorized by an affirmative vote o	lorida limited liability	company, it is hereby con	ifirmed that the change(s)
	of organization or the operating a		ed liability company.	·
- Jonator	member or cumhorized it presentative of	at'a member	David Silv	AAA)
Thereby acc	cept the appointment as registere	ed agent and agree to	act in this capacity. I furt	her agree to comply with th
provisions o	of all statutes relative to the prope ons of my position as registered a floot a Alamae in the registered o	rr and complete perfo	rmance of my duties, and	Lam familiar with and acce

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

this change.