## 110000062698

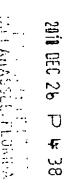
(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Busiless Emily Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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MI 08 393 T. LEWEUX

## **COVER LETTER**

TO:	Registration Section Division of Corporations		·				
SUBJE	Ingale, LLC ECT:						
Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	fice Change and	f fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the	following:				
Matia	s Brecher						
	Name of Person						
	Firm/Company						
4400	E Seneca Ave.						
	Address		<del>_</del>				
West	on, FL 33332						
	City/State and Zip Code						
matim	nportusa@gmail.com						
E	E-mail address: (to be used for future and	nual report noti	fication)				
For fur	ther information concerning this matter	, please call:					
Matia	s Brecher	954 at (	955-9873				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS:	М	AILING ADDRESS:				
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			Registration Section				
			Division of Corporations P.O. Box 6327				
		Та	allahassee, Florida 32314				
Enclosed is a check for the following amount:							
	<b>■ \$25</b> Filing Fee	<u> </u>	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 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.

I. Na	ume of the limited liability company: Ingale, LLC				
	4400 E Seneca Ave	(t	4400 E	Seneca Ave.	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Weston, FL 33332		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Weston, FL 33332		
}_	Date of filing/registration in Florida	4.		Document number	
(0)	BRECHER, GABRIELA				
5. (a)	Registered Agent and Registered Office shown on the records of t	te:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  13794 NW 4 STREET, #201			2010	
		33325		DEC 2	
(b)	Matias Brecher				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- () - <del>*</del> 39	
	NEW Registered Office Address:			_	
	4400 E Seneca Ave.			_	
	Weston , FL	33332			
he cha igent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regiability confithe lin limited	stered offic ompany, it nited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi he obl o mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is a writing of this change.	ee to ac perform d for in hereby c	t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Sionatu	re of Registered Agent				