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## COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: The Innovation Station 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:			
Jhan T. Lennon F5q.  Name of Person			
Firm/Company			
i North Federal thuy Ste 200			
Boca Ration, FL 33432 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (50), 367-3068  Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: Registration Section			
Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$\text{Certified Copy}			
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	ime of the limited liability company: Ne Innovation Diator LC	
2.	(a)		
	•	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
3. 5.	(a)	Date of filing/registration in Florida  Document number  Hegistered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  595 STECRED TWU Se 210  BOCARATON, FL 33432	2815 SEP - 1 H
	Ć	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Than T. Lennon, F.50,  NEW Registered Office Address:  I Noveth Federal Hwy Se 200	U 72: 1 -
	•	Bocalation , FL 33432	
the ag wa the	e cha ent v as/we e arti	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.  The of a member or authorized representative of a member and agree to act in this capacity. I further agree to comply with the change of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept	
no	iijied	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.	

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

INHS18 (2/14)