1110000001343

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(,					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
/Ru	siness Entity Nan	ne)				
(50	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



300238190453

08/10/12--01014---009 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED

D. BRUCE
AUG 1 3 2012
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	JECT: Name o		yati LL l Liability	C Company		
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Registere	d Office (Change a	nd fee(s) are submitted for	or filing.	
Pleas	e return all correspondence concern	ing this m	atter to th	ne following:		
*****	Marie B Code, Esq Name of Person					
	Marie B. Code Esq. P. Firm/Company	<u>L.</u>			12 SE TAL	
	1308 SW 27th Terrace	1308 SW 27th Terrace				
	Cape Coral FL 33914 City/State and Zip Code	ţ			AUG 10 PM 1: 12 CRETARY OF STATE LAHASSEE, FLORIDA	ŗ
<u>I</u>	marie@marieesquire.co	om on notification	on)			
For fi	urther information concerning this n	natter, ple	ase call:			
	Marie B Code, Esq Name of Person	at (_	239 A) 829-0063 rea Code & Daytime Telephone		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regis Divis P.O. 1	tration Section ion of Corporations Box 6327 nassee, Florida 32314		
	Enclosed is a check for the follo	wing amo	ount:			
	\$25 Filing Fee		\$55	Filing Fee & Certified C	Сору	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:	Inyati LLC				
2. (a) Principal office address of limited liability comp	pany: 8961 Conference Di	r. Ste 2			
(Note: MUST BE STREET ADDRESS)	Fort Myers, FL 33919				
(b) Mailing address of limited liability company:	8961 Conference Dr. St	8961 Conference Dr. Ste 2			
(Note: MAY BE POST OFFICE BOX)	Fort Myers, FL 33919				
05/24/2011	L11000061343				
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:	Code, Marie B Esq	<u> </u>			
Registered Office Address:	1202 SE 8th Place Ste B Cape Coral FL 33990				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u> <u>NEW</u> Registered Agent: NEW Registered Office Address:	NEW Registered Office address:	7 2			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)					
	Cape Coral ,FL	33914			
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be it liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the limited liability	he Florida street address of the registere dentical. Or, in the case of a Florida lir ge(s) was/were authorized by an affirma otherwise provided in the articles of org	ed office mited ative vote			
Marie B Code, Esq Printed or typed name of signee					
I hereby accept the appointment as registered agent as comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent	nd agree to act in this capacity. I furth e proper and complete performance of y position as registered agent as provide o merely reflect a change in the register pany has been notified in writing of thi	er agree to my duties, led for in red office s change.			

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