

11000140941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

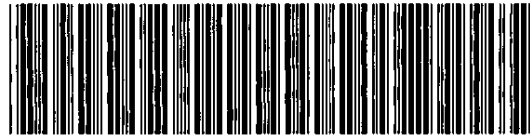
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200234655502

05/30/12--01015--003 \*\*25.00

FILED  
12 MAY 30 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 31 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Force Innovations, 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:

Anthony M Davis  
Name of Person

Force Innovations, LLC  
Firm/Company

2054 Riverside Ave Apt 2106  
Address

Jacksonville, FL 32204  
City/State and Zip Code

antmdvs@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony M Davis at ( 954 ) 646-5165  
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

\$55 Filing Fee & Certified Copy

**FILED**  
12 MAY 30 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

1. Name of the limited liability company: Force Innovations, LLC

2. (a) Principal office address of limited liability company: 8539 Gate Parkway West

(Note: **MUST BE STREET ADDRESS**) #634  
Jacksonville, FL 32216

(b) Mailing address of limited liability company: 8539 Gate Parkway West

(Note: **MAY BE POST OFFICE BOX**) #634  
Jacksonville, FL 32216

12/15/2011  
3. Date of filing/registration in Florida

L11000140941  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Anthony M Davis

Registered Office Address: 8539 Gate Parkway West #634  
Jacksonville, FL 32216

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW Registered Agent:** Anthony M Davis

**NEW Registered Office Address:** 2054 Riverside Ave Ste 1106  
**(MUST BE FLORIDA STREET ADDRESS)** Jacksonville, FL 32204

FILED  
12 MAY 30 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Anthony M Davis  
Signature of a member or authorized representative of a member

Anthony M Davis  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Anthony M Davis  
Signature of Registered Agent

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