## L120000029740

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress) .	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF SEAL SECRETARIO

C. LEWIS

APR 1 8 2014

EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Inner Light House 1 C 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:			
David Clowe Name of Person			
Clowe Tax Prep LC Firm/Company			
8596 Arlington Expressway			
Jax., FL 32211 City/State and Zip Code			
Cloud tax over Camail Com E-mail address: (to be used for future amount report notification)			
For further information concerning this matter, please call:			
David C. Clowe, CPA=1, 904, 885-6504			
Name of Person 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 & 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	me of the limited liability company: Inner Light House 110
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)	31/2012 Date of filing/registration in Florida  Brenda Bradshaw Conda  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  14817 N IRS AVE  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	(b)	Tampa PL , FL 33613  Clowe Tax Prep 11C  Enter name of NEW Registered Agent and/or NEW Registered Office address:  8596 ARUNG TON Expressional
		NEW Registered Office Address:
the age was the	cha ent v s/we arti ignati	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 cles of organization or the operating agreement of the limited liability company.  Printed or typed name of signee  by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed the reflect a change in the registered office address, I hereby confirm that the limited liability company has been
	)ai	of this change.  Selowe, CPA Managing Member of Clowe Tay Rep LLC re of Registered Agent