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(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
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(Business Entity Name)							
(Document Number)							
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TALL ARASSEE, FL

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COVER LETTER

ГО:	Registration Section Division of Corporations		<i>\$</i>
CHRIE	JP&PKLLC CT:		
SUDOL	1	ability Company	
Dear S	r or Madam:		
The en	closed Registered Agent/Registered (Office Change and I	fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the f	following:
LOVET	TE DOBSON		
	Name of Person	······································	
INCEH	E.COM LLC		
	Firm/Company		
17350	STATE HWY 249 #220		
	Address		_
HOUS	ron, Texas 77064		
· ·	City/State and Zip Coo	le	_
	1234@INCFILE.COM		
E	-mail address: (to be used for future	annual report notifi	cation)
For fu	ther information concerning this ma	tter, please call:	
LOVE	ITE DOBSON	888 at (462-3453
	Name of Person	\	Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ring amount:	
	■ \$25 Filing Fee	□ \$:	55 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.

(a) _		(b)_				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	of limited liability company: BE POST OFFICE BOX)		
	5935 CARRIAGE LAKE COURT	3.	34141 GANNON TER			
	VERO BEACH, FL 32968		EMONT, CA 94555			
	04/18/2012	1.1	1.12000053090			
	Date of filing/registration in Florida	4.	Document n	umber		
	VASANT PATEL					
(a)	Registered Agent and Registered Office shown on the records of	of the Florida De	ot, of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			20		
	5935 CARRIAGE LAKE COURT		<u> </u>	Z021 SEP SECREP		
	VERO BEACH.	L				
(b)	LEGALING CORPORATE SERVICES INC.			7 AR		
()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		<u>\$</u> :	و الله		
				20 ATF		
	NEW Registered Office Address:		<u>_</u>	/ P		
	5237 SUMMERLIN COMMONS SUITE 400					
	FORT MYERS	33907				
nge nt v :/we	imited liability company is not organized under the hor changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the St ne registered liability com s of the limite ne limited liab	ffice and the busines any, it is hereby con I liability company o	ss office of the registered firmed that the change(s)		
<i>),</i>	31 144 (M) 4 1 () 5 () 5 () 0					

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