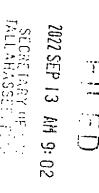
L12000068959

(Re	questor's Name)	<u></u>		
hA)	dress)			
(Au	(a) (33)			
(Ad	ldress)			
/Cit	ty/State/Zip/Phone #)			
(Oil	ty/Gtate/Zip/t florie #/			
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Name)			
(Do	ocument Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Fi	iling Officer:			
	J. HORNE			
	SEP 14 2022			

Office Use Only



400394371124





CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 950826 8359243					
AUTHORIZATION : Smelle man					
COST LIMIT : \$25.00					
ORDER DATE : September 13, 2022					
ORDER TIME : 10:44 AM					
ORDER NO. : 950826-005					
CUSTOMER NO: 8359243					
CHANGE OF AGENT					
NAME: INTERNET BUSINESS IDEAS AND MARKETING LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker EXT#					
EXAMINER:					

COVER LETTER

TO: Registration Section Division of Corporations INTERNET BUSINESS IDEAS AND MARKETING LLC SUBJECT: _____ 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: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Person 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 following amount:

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

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)	8636 High Cay (b) 86		36 High Cay	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	W Palm Beach, FL 33411		W	Palm Beach, FL 33411
	05/21/2012		L12	2000068959
	Date of filing/registration in Florida	4.		Document number
(a)	Terance A Redmond			
(-,	Registered Agent and Registered Office shown on the records 8636 High Cay	of the Flori	da Dep	t. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRE	<u>S.S.)</u>	
	W Palm Beach	FL_33411		PISEP 13
(b) ₋	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	Corporation Service Company			
	NEW Registered Office Address: 1201 Hays Street			
	Tallahassee	FL_32301		
ange ent v is/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the second control of the control of the control of the operating agreement of the	the registe Hiability of rs of the li	red of compa mited	fice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/s/ Terance Redmond		Te	erance	Redmond
Signature of a member or authorized representative of a member				Printed or typed name of signee

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

Signature of Registered Agent