## 499999000011

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Sylvia Queppet squeppet@cscinfo.com

Date: April 8, 2014

Order#: 086553/004

Re: INMOTION ORD, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Sylvia Queppet

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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: INMOTION ORE	), LLC	
2	(a)	4801 EXECUTIVE PARK COURT	_ (b)	
۷.	(4)	Principal office address of limited liability company:	_ (0)	Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
		SUITE 100		
		JACKSONVILLE, FL 32216		
		07/26/2012	L1	2000096664
3.		Date of filing/registration in Florida	4.	Document number
5.	(2)	SMITH, P JEREMY JR.		
۶.	(a)	Registered Agent and Registered Office shown on the records of the	he Florida Depi	t. of State:
		4801 EXECUTIVE PARK COURT		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	= \(\frac{1}{2}\text{in}\)
		SUITE 100		<b>4</b>
			22246	
		JACKSONVILLE , FL	32210	
	(b)	Corporation Service Company		7 3.00 mg
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	7. 29
		1201 Hays Street		
		NEW Registered Office Address:		
		Tallahassee , FL	32301	
th ag wa	e cha ent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- bre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registere bility compa f the limited	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
		/s/ P. Jeremy Smith, Jr.	P. Jeren	ny Smith, Jr., Authorized Person
	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I pr th to no	herei ovisi e obl mere otified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect of change in the registered office address. I had a writing of this change?	ee to act in to performance I for in Chap pereby confir	his capacity. I further agree to comply with the cof my duties, and I am familiar with and accept of 605, F.S. Or, if this document is being filed rm that the limited liability company has been
		re of Registered Agent Corporation Service Company		

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