## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number

: (561)694-1639

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## 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.

Na.	me of the limited liability company:INCOGNITO VEN	TURE	S, LI.C	
	700 N.W. 107th Avenue		700 N.W	107th Avenue
?. (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)
	Suite 400	. <u>.</u>	Suite 400	
	MIAMI, FL 33172	_	Miami, F	L 33172
	11/13/2012		L12000143	7723
3. 5. (в)	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.		Document number
/. (n)	Registered Agent and Registered Office shown on the records of the 700 N.W. 107th Avenue	ne Florid	la Dept. of Sta	de:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 400			
	MIAMI FL.	33172		
(b)	Corporate Creations Network Inc.  Enter name of NEW Registered Agent and/or NEW Registered  801 US Highway 1	Office a	ddress:	٠ ـ ١١١١ (٠
	NEW Registered Office Address:			
	North Palm Beach FL	33408		12 13
change agent v	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of icles of organization of the operating agreement of the	registe bility c f the lii limited	company, it mited liabil liability co	is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
		Da —	inielle Gossr	nan, Attorney-in-Fact Printed or typed name of signee
I here provis the ob-	ture of a member of authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change;	for in ereby	Chapter 60 confirm tha	Thursday garage to comply with the
Signati	Danielle Gossman, Specia	al Secre	tary	
	Division of Corporations P.O. FILING F	Box 63 EE: \$2	27● Tallah :5.00	assee, FL 32314

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