

# L13000011237

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900251446779

09/11/13--01027--005 \*\*25.00

FILED  
2013 SEP 11 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan SEP 12 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Indian River Financial Services, LLC  
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:

Robert Hipple  
Name of Person

Indian River Financial Services, LLC  
Firm/Company

P.O. Box 236666  
Address

Cocoa, FL 32923  
City/State and Zip Code

rhipple@indianriverconsulting.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Gelmon at ( 321 ) 452-9091  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: Indian River Financial Services, LLC
2. (a) Principal office address of limited liability company: 1365 N. Courtenay Parkway  
 (Note: **MUST BE STREET ADDRESS**) Suite A  
Merritt Island, FL 32953
- (b) Mailing address of limited liability company:  
 (Note: **MAY BE POST OFFICE BOX**) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2013 SEP 11 PM 2:59  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

January 22, 2013 \_\_\_\_\_

3. Date of filing/registration in Florida

4. Document number

L13000011237

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CF Consulting, LLC

Registered Office Address: 1365 N. Courtenay Parkway  
Merritt Island, FL 32953

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Novation Consulting Services, Inc.

**NEW** Registered Office Address:  
 (MUST BE FLORIDA STREET ADDRESS) 1365 N. Courtenay Parkway, Suite A  
Merritt Island, FL 32953

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robert Hipple

Signature of a member or authorized representative of a member

Robert Hipple, Manager

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature] President

Signature of Registered Agent

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