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N. CAUSSEAUX JUN 2 5 2018

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ION RETAIL SYSTEMS, LLC				
3000	Name of	Limited Liab	ility Company		
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Office C	hange and fe	e(s) are submitted for filing.		
Please	return all correspondence concerning this ma	itter to the fo	lowing:		
Scot	t A. Levinw				
	Name of Person		•		
lon F	Retail Systems, LLC		_		
	Firm/Company	-			
6550	N. Federal Highway, Suite 220		_		
	Address				
Fort	Lauderdale, Florida 33308		_		
	City/State and Zip Code				
	ine@scottlevinepa.com		_		
	E-mail address: (to be used for future annual	report notific	ation)		
For fi	arther information concerning this matter, plea	ase call:			
Scot	tt Levine	954	5872244		
	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	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314		
	Enclosed is a check for the following amount:				
	☑ \$25 Filing Fee	□ \$5:	Filing Fee & Certified Copy		
INHS	818 (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.

Nat	ne of the limited liability company: ION RETAIL	LSYSTEM	S, LLC		
	6550 NORTH FEDERAL HIGHWAY	(b)	(b) 6550 NORTH FEDERAL HIGHWAY Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
(a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				
	Suite 220		Suite 220		
	Fort Lauderdale, Florida 33308		Fort Lauderdale, Florida 3	3308	
	01/23/2013	<u>L</u>	13000013477		
	Date of filing/registration in Florida	4.	Document number		
(a)	LEVINE, SCOTT A				
(4)	Registered Agent and Registered Office shown on the records	of the Florida I	ept. of State.		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		201 2017 2018 2018	
	4050 West Broward Blvd, Suite 2			Seer Park Visions of the	
	Plantation	33317		127 元	
		· ·		10 10 E	
(b)		<u> </u>	 	آه ڙ ه	
` '	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office addr	<u>ess</u> :	: မွ	
	NEW Registered Office Address:				
	6550 N. Federal Highway, Suite 220				
	Fort Lauderdale	33308			
	<u> </u>	rL			
ne cha gent v ras/vv	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an aftirmative vote of the memberials of organization or the operating agreement of	s of the regist d liability corrs of the limi the limited li	ered office and the business of pany, it is hereby confirmed the ed liability company or as other	nce of the registere	
Č: musi	nure of a member or authorized representative of a member	300	Printed or typed name of	f signee	
F Lhere Provis he ob o mek	by accept the appointment as registered agent and ions of all stantes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address in writing of this change.	agree to act lete performa ided for in C) I hereby co	n this capacity. I further agreence of my duties, and I am fam. It apter 605, F.S. Or, if this docupier that the limited liability o	e to comply with the iliar with and accep sument is being filed company has been	