L13000057080

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





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18 MAR 26 AN ID: 42
SECRETARY OF STATE
MALLARIASSEE, FLORINA

O SIMMONS MAR 28 2018

COVER LETTER

TO: 'Registration Section Division of Corporations				
SUBJECT: Infinite Amounts LLC				
Name o	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:				
Anthony Porco				
Name of Person				
Infinite Amounts LLC				
Firm/Company				
7345 NW 1st Manor				
Address				
Plantation, FL 33317				
City/State and Zip Code				
ap21@aol.com				
E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, ple	ease call:			
Anthony Porco	954 599-8559 at ()			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (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

1.	Na	ame of the limited liability company: Infinite Amour	nts LLC	
2	(a)	Infinite Amounts LLC	(h)	Infinite Amounts LLC
2.	(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)
		7345 NW 1st Manor		7345 NW 1st Manor
		Plantation, FL 33317	- -	Plantation, FL 33317
		04/18/2013		L13000057080
3.		Date of filing/registration in Florida	4.	Document number
5	(a)	UNITED STATES CORPORATION AGENTS	S, INC.	
J. (a)	(4)	Registered Agent and Registered Office shown on the records of ti	he Florida	a Dept. of State:
		13302 WINDING OAKS COURT	<u>.</u>	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE A		MA 26 MIO 12
		TAMPA , FL 33612		26 TED
	<i>a</i> \			1 1 1 1 1 1 1 1 1 1
(b)	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	Idress: 580
		REGISTERED AGENTS INC.		
		NEW Registered Office Address:		
	3030 N. Rocky Point Drive, STE 150A			
		Tampa, FL_	33607	7
the age	cha ent v s/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 ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis bility co f the limi	istered office and the business office of the registere ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
		4000	Antl	thony Porco
_	Sionat	thre of a member or authorized representative of a member		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 605, 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 of Registered Agent Bill Havre/Assistant Secretary