(Re	questor's Name)					
(Address)						
(Address)						
(Cit	y/State/Zip/Phon	e #)				
PICK-UP	TIAW	MAIL				
(Bu	siness Entity Na	me)				
(Do	cument Number)				
Certified Copies	_ Certificate	s of Status				
Special Instructions to	Filing Officer:					

Office Use Only



700260555287

05/30/14--01016--018 **55.00

JUN 11 2014

R. WHITE

COVER LETTER

Division of Corporations					
SUBJECT: INB, LLC					
Name of	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 m	atter to the following:				
BARKOV, IVAN					
Name of Person					
INB, LLC					
Firm/Company					
6321 7TH AVE N					
Address					
SAINT PETERSBURG, FL 33710					
City/State and Zip Code					
ivan_barkov@yahoo.com					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, ple	ase call:				
BARKOV, IVAN	727 330-5924				
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 am	ount:				
□ \$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 Florida.

1.	Na	me of the limited liability company: INB, LLC							
			_ ((b)					
	` ' '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	`		Mailing address of lin			
		6321 7TH AVE N			6321 71	TH AVE N			
		SAINT PETERSBURG, FL 33710	_	_	SAINT F	PETERSBURG	6, FL 33	3710	
		07/22/2013		L	130001	03681			
3.		Date of filing/registration in Florida	4.			Document numb	er		
5.	(a)	Registered Agent and Registered Office shown on the records of the CORPORATION SERVICE COMPANY Registered Office Address (MUST BE FLORIDA STREET A.)	ne Flori	da D	Dept. of Stat		1		
1201 HAYS STREET					•		*		
		TALLAHASSEE , FL	3230	1		_		30	· :1
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of NEW Registered Of NEW Registered Office Address:</u>	Office a	ddr	ess:	_	100 mm 10	7 6.95	H J
		6321 7TH AVE N							
		SAINT PETERSBURG , FL	3371	0		_			
the age wa	char ent w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility of the li imited	giste com mite I lia	ered offic pany, it i ed liabilit bility con	e and the business is hereby confirme by company or as on pany.	s office o	of the re	gistered e(s)
	lianat	ure of a member or authorized representative of a member	B/	٩R	KOV, IV	'AN Printed or typed nar			
I h pro the to t not	nereb ovision obli mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete provided by reflect a change in the registered office address, I have been a confident of this change by the confident and the confident of the c	perfori for in ereby	man Ch con	ice of my apter 603 firm that	acity I further a	aree to c	omnlu v	vith the d accept ng filed been
		Division of Corporations P.O. B				ssee, FL 32314			

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. N	lame of the limited liability company: INB, LLC			
2. (a)		(h)	
_, (-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(°) Mailing address of (<u>Note: MAYB</u>	limited liability company: E POST OFFICE BOX)
	6321 7TH AVE N		6321 7TH AVE N	
	SAINT PETERSBURG, FL 33710		SAINT PETERSBUR	RG, FL 33710
	07/22/2013		L13000103681	
3.	Date of filing/registration in Florida	4.	Document nur	mber
5. (a				
· (u	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	
	CORPORATION SERVICE COMPANY			
	Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET	<u>ADDRESS</u>	Į	
	TALLAHASSEE , FI	32301	.	
				236 f
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	dress:	
				gri in the
	BARKOV, IVAN			
	NEW Registered Office Address:			
	6321 7TH AVE N			३>″ ज
	SAINT PETERSBURG	33710		
16ab.	,			l C labeat a C a .
the ch agent was/w	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regis iability co of the lim	stered office and the busing ompany, it is hereby confir- ited liability company or a	ess office of the registered med that the change(s)
		BAI	RKOV, IVAN	
	ature of a member of authorized representative of a member		Printed or typed	
I here provis the ob to me notifie	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office-address, I ded in writing of this change			agree to comply with the n familiar with and accept is document is being filed ility company has been
Signat	ure of Registered Agent	5-11	8-14.	
	Division of Corporations • P.O.	Box 6327	• Tallahassee, FL 32314	

FILING FEE: \$25.00