L13000159301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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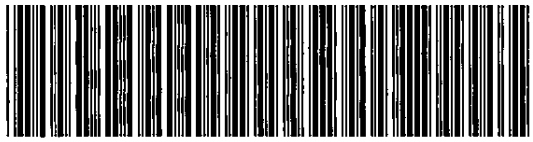

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: IRENE
Registration Section
Division of Corporations

SUBJECT: INNERVISION DIGITAL 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:

MYRON HALLE
Name of Person

INNERVISION DIGITAL LLC
Firm/Company

783 WINDWILLOW CIR
Address

WINTER SPRINGS, FL 32708
City/State and Zip Code

MYRON@INNERVISIONDIGITAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MYRON HALLE at (407) 766-3164
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2014

MYRON HALLE
INNERVISION DIGITAL LLC
783 WINDWILLOW CIT
WINTER SPRINGS, FL 32708

SUBJECT: INNERVISION DIGITAL LLC
Ref. Number: L13000159301

We have received your document for INNERVISION DIGITAL LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 814A00024837

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. Name of the limited liability company: INNERVISION DIGITAL LLC

2. (a) INNERVISION DIGITAL LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
69 S. WINTERPARK Dr.
CASSELBERRY, FL 32707

(b) SAME
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 11/13/2013
Date of filing/registration in Florida

4. L13000159301
Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 WINDING OAK COURT
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
TAMPA, FL 32708

(b) MYRON HALLE
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
783 WINDWILLOW CIR
NEW Registered Office Address:
WINTER SPRINGS, FL 32708

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14 NOV 26 PM 1:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

Myron Halle
Signature of a member or authorized representative of a member

MYRON HALLE, 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 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

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

INHS18 (2/14)