

L14 0000 45575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

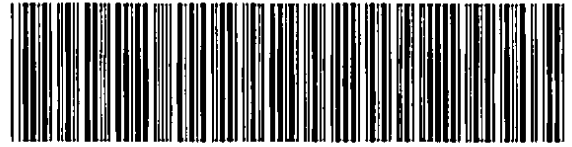
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100342101781

03/25/20--01005--004 \*\*25.00

FILED  
2020 MAR 25 PM 12:05  
STANDARD FILING  
FALLS CHURCH, VA 22034

RA/RO/chg

APR 08 2020  
I ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

INVICTUS GLOBAL LLC

**SUBJECT:** \_\_\_\_\_  
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:

DAVID D COOPER

Name of Person

INVICTUS GLOBAL LLC

Firm/Company

79.30 FIFTH TERM:

Address

PARRISH, FL. 34219

City/State and Zip Code

SUPPORT@INVICTUSGLOBAL.BIZ

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID D COOPER    619                      253-1536

---

Name of Person    at (                      )                      Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 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.*

INVICTUS GLOBAL LLC

1. Name of the limited liability company: INVICTUS GLOBAL LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
7930 NINTH TER E  
PARRISH, FL 34219

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
PO BOX 677  
PARRISH, FL 34219

03/19/2014

LI-0000035575

3. Date of filing/registration in Florida 4. Document number  
UNITED STATES CORPORATION AGENTS, INC.

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
5575 S. SEMORAN BLVD SUITE 36

ORLANDO 32822  
FL

Northwest Registered Agent LLC

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

Northwest Registered Agent LLC

NEW Registered Office Address:  
7901 4th St N, STE 300

ST. PETERSBURG 33702  
FL

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.

DAVID COOPER

Signature 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

Tom Glover

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**

**FILING FEE: \$25.00**

FILED  
2020 MAR 25 PM 12:05  
TALLAHASSEE, FL 32314  
SECRETARY OF STATE