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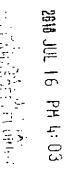
	questor's Name)			
(Ne	equestors (vame)			
(Ad	dress)			
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(Cir	ty/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name)			
(Do	cument Number)			
Certified Copies	Certificates of	Status		
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Special Instructions to Filing Officer.				
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COVER LETTER

TO:	Registration Section Division of Corporations				
CHID IF	Innovative Reasoning Inves	tment, LLC			
SUBJECT: Name of Limited Liability Company					
Dear Si	r or Madam:				
The enc	closed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.		
Please r	eturn all correspondence concerning th	is matter to tl	ne following:		
Rober	t P. Roberson, II				
	Name of Person	<u>-</u> -			
Innova	ative Reasoning Investment, LLC				
	Firm/Company				
12424	Research Parkway, Suite 155				
	Address	·-	<u>.</u>		
Orland	do, FL 32826				
-	City/State and Zip Code				
Rober	t.Roberson@innovativereasonin	g.com			
E-	-mail address: (to be used for future ann	nual report no	tification)		
For furt	her information concerning this matter	, please call:			
Lawre	nce G. Miceli, Esq	407 at (781-2744		
	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	g amount:			
	☑ \$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.

I. Na	me of the limited liability company: Innovative Rea	·		
2. (a)	12424 Research Parkway	(b) 12424 Research Parkway		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 155	_	Suite 1	155
	Orlando, FL 32826	_	Orland	do, FL 32826
	07/22/2014		L14000	00115540
3.	Date of filing/registration in Florida	4.		Document number
5 (a)	Robert P. Roberson, II			
5. (a)	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREET AD 12000 Research Parkway, Suite 450	DDRESS	2	2816 JUL 1
	Orlando ,FL	32826		21.0° CD '
(b)	Robert P. Roberson, II Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	dress;	PH 4: 03
	NEW Registered Office Address:			
	12424 Research Parkway, Suite 155			
	Orlando, FL	32826		
the cha agent v was/wi the art	imited liability company is not organized under the law ange 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 law accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. I have	the regit bility confitted limited	stered of ompany, nited liab liability of oert P. I	it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Roberson, II Printed or typed name of signee

Signature of Registered Agent