## 114000132359

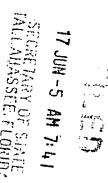
(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



100299463561

06/05/17--01010--001 \*\*905.00



## **COVER LETTER**

TO:	Registration Section Division of Corporations						
	1						
SUBJE							
Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offi	ce Change and i	See(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the f	ollowing:				
Keath	nel Chauncey, Esq.						
	Name of Person		_				
Fresh	Legal Perspective, PL						
	Firm/Company	·	_				
6930	W. Linebaugh Avenue						
	Address		_				
Tamp	ea, FL 33625						
	City/State and Zip Code						
Conta	act@BLTFL.com						
Е	-mail address: (to be used for future annu	ual report notific	cation)				
For fur	ther information concerning this matter,	please call:					
Keath	el Chauncey, Esq.	813 at (	448-1042				
	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	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, Florida 32314				
Enclosed is a check for the following amount:							
	<b>☑</b> \$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy				
INHS18	3 (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: IU, LLC					
2	(a)	4846 University Drive	(b) P.O. Box 27660				
۷,	( <b>u</b> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  #354	_ (	-,_	N	failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		Lauderhill, FL 33351	_	-	San Dieg	go, CA 92198	
		08/22/2014		L	1400013	2359	
<ol> <li>3.</li> <li>5.</li> </ol>	(a)	Date of filing/registration in Florida Fresh Legal Perspective, PL	4.			Document number	
	()	Registered Agent and Registered Office shown on the records of the 3802 Ehrlich Road	e Florida	a D	ept. of State	:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS Suite 308			17 ALL		
		Tampa <sub>FL</sub> 3	3624			SE S	
(b	(b)	Enter name of NEW Registered Agent and/or NEW Registered O  6930 W. Linebaugh Avenue  NEW Registered Office Address:			ress:	SSEEFLORIDA SSEEFLORIDA	
		Tampa , FL 3	33625	i			
the ag	e cha ent v as/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere authorized.	he regi pility co the lim imited	ste om nite lia	red office pany, it is ed liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in upany.	
	Signa	ture of a member or authorized representative of a member				Printed or typed name of signee	
prothe to	ovisi e obl mer tified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	e to ac perform for in ( ereby c	t ir ian Ch con	n this capa ice of my c apter 605 firm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	