L1400145075

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





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PERETARY OF STATE

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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: February 1, 2016

Order#: 962286/010

Re: IOA SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: <u>IOA SERVICES</u> ,	LLC			
2.	(a)	1855 W. State Road 434	(b))		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Longwood, FL 32750	_			
		09/16/2014	_	L14000145	6075	
3.		Date of filing/registration in Florida	4.	1	Document number	
5.	(a)	John R. Wick				
٠.	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		1855 W. State Road 434				
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	2	_	
					22 22 C	
		Longwood ,FL_	32750		ARETAR -	
	(b)	Corporation Service Company				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	iress:	Fig.	
					P 1: 40 OF STATE	
		1201 Hays Street			*	
		NEW Registered Office Address:				
		· · · · · · · · · · · · · · · · · · ·				
		Tallahassee , FL	32301			
th ag w	e cha gent v as/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of cles of organization are the correcting agreement of the li-	he regis pility co the lim	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
			Dona	a Priebe, Au	thorized Person	
	Signal	ture of a member described representative of a member			Printed or typed name of signee	
pr th to	ovisi e obl mere	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 ha d in writing of this change.	e to act performa for in C preby co	in this capa ance of my d Thapter 605, onfirm that t	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been	
s	ignaru	re of Registered Agent Corporation Service Company	BY: Sy	/Ivia Quepr	et, Asst. Vice President	