1150000022794

(Re	equestor's Name)	-			
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

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04/10/17--01009--018 **25.00

SOME LANGUAGE IN SECTION AND PARTY APPRILATION PM 2: 15

APR 12 MIT HARRIE

COVER LETTER

_	ration Section on of Corporations		
SUBJECT: _	IN2FLO	PRODUCTS Name of Limite	LL C ed Liability Company
Dear Sir or Ma	idam:		
The enclosed I	Registered Agent/Regi	stered Office Change	and fee(s) are submitted for filing.
Please return a	ll correspondence con	cerning this matter to	the following:
PRAI	SHAKAR \\ Name of Pe	/AWGA-LA	- Lago de - Lago
IN2	FLO PRODI	ICTS LLC	
	FLO PRODU Firm/Compa	any	
5027	KEENE LAN Address	OD CIR.	
ORLAN	DO, FL 3 City/State and 2		
inzflo	1@ quail.	Com	
E-mail a	ddress: (to be used for	future annual report	notification)
For further in	formation concerning	this matter, please cal	1:
PRABL	MAKAR VAN	GALA at (4	
	Name of Person		Area Code & Daytime Telephone Numb
	ET/COURIER ADD	RESS:	MAILING ADDRESS:
	tration Section on of Corporations		Registration Section Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circ nassee, Florida 32301	le	Tallahassee, Florida 32314
	sed is a check for the	e following amount:	
\$2	5 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.

1 10/1444	•		_	
1. Na	me of the limited liability company:	PRODUCT	S LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	AS PRINCIPAL Mailing address of limited liabilit (Note: MAY BE POST OFF)	ty company:
	5027 KEENELAND CIR.		<u> </u>	
	ORLANDO, FL 32819			
	H 02/05/15		1500002279	4
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	SMALLBIZ AGENTS, LLC		_	
	Registered Agent and Registered Office shown on the records of the		e :	
	4244 W. TENNESSEE ST.	<u># 185</u>	···	
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		
			_	
	TALLAHASSEB ,FL	32304	_	PR II
(b)	PRADEEP VANGALA		_	PH PH
	Enter name of NEW Registered Agent and/or NEW Registered O	office address:	_	
	5027 KEENELAND CIRCL	E		का है
	NEW Registered Office Address:		_	
	ORLANDO FI	32819	-	
	ORLANDO ,FL	7201	•	
the cha agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of	he registered offic pility company, it i the limited liabilit	e and the business office or is hereby confirmed that the cy company or as otherwise	f the registered e change(s)
the arti	cles of organization or the operating agreement of the li		npany. IAKAR VANGA	ν. <i>Δ</i>
Signat	ure of a member or authorized representative of a member	PRABI	Printed or typed name of signe	the transfer of the transfer o
I herel provisi the obli to mere notified	ry accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act in this cap erformance of my for in Chapter 60: ereby confirm that	acity. I further agree to co	omnly with the
	e of Registered Agent			