(Red	questor's Name)					
(Address)						
(Add	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						

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K. SALY EXAMINER

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COVER LETTER

TO: Registration Section

Division of Corporations	CADITAL LLO				
SUBJECT:	INNOVATIVE BUSINESS CAPITAL LLC Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning th	nis matter to the following:				
TODD PARKER					
Name of Person					
INNOVATIVE BUSINESS CAPITAL LL	.c				
Firm/Company					
19499 NE 10th AVE Apt 321	DiplomatParkway # 334				
Address	- introduction of the state of				
Miami, FE 33179 Hulland	ale beach, F) 33009				
City/State and Zip Code					
todd@innovativebusinesscapital.com					
E-mail address: (to be used for future ann	nual report notification)				
For further information concerning this matter,	please call:				
Todd Parker	954 699-1500				
Name of Person	Area Code & Daytime Telephone Numbe				
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	amount:				
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
NHS18 (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 10/14	••	ININIONATINE	DLICIA	JECC CADITAL LLC		
1. Na	ame of the limited liability company:		יווכטם	NESS CAPITAL LLC		
2. (a)	Todd Parker		_ (b	Maria Corona		
, ,	Principal office address of limited lin (Note: MUST BE STREET A	liability company: Ma			ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	109 SE 2nd AVE Hallandale I	Beach, FL 3300	ξ -	109 SE 2nd AVE Ha	illandale Beach, FL 33	
			-			
	3/5/2016			L15000055178		
3.	Date of filing/registration in	Florida	4.	Document nu	mber	
5. (a)	Maria Corona & Todd Parker					
` ` `	Registered Agent and Registered Office show	wn on the records of th	e Florida	Dept. of State:	_	
	109 SE 2nd AVE # 2				70 Z	
	109 SE 2nd AVE # 2 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
					瑟 28	
	Hallandale Beach	, FL 3	3009			
	Todd Parker				ANII: 08	
(b)		NUMBER 1			200 00	
	Enter name of NEW Registered Agent and/	or NEW Registered U	IIIce ade	aress:	***	
	Innovative Business Capital					
	NEW Registered Office Address:					
	19499 NE 10th AV # 321	200 D/	nele	et Parkway	, # 33 Y	
	Adiam: (1)))	,	2470	32006		
	Manue Hallandales	uch the	31/9	3500-1		
If the li	infted liability company is not organi	zed under the laws	of the	State of Florida, it is here	by confirmed that after	
the cha	nge ox changes are made, the Florida	street address of the	ne regis	stered office and the busin	ess office of the registered	
agent w was/we	vill be identical. Or, in the case of a I are authorized by an affirmative vote	of the members of	the lim	mpany, it is nereby confir	med that the change(s) as otherwise provided in	
the arti	cles of biganization or the operating	agreement of the li	mited 1	iability company.	•	
\bigcup			Mar	ia Corona & Todd Pai		
Signat	a member of authorized representative	of a member		Printed or typed	name of signee	
provision the oblination to mere	by accept the appointment as register ons of all statutes relative to the propigations of my position as registered by reflect a change in the registered in writing of this change.	er and complete n	ertorma	ance of my duties, and I ar	n familiar with and accent	
Signatur	e of Registered Agent	<u></u>				