

L15000083040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

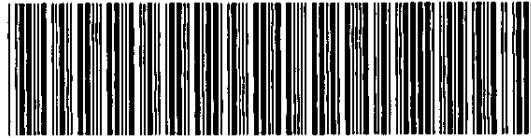
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS

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15 JUL 29 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 30 2015

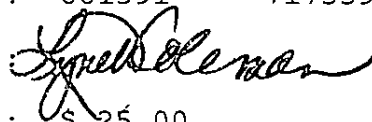
CLERK OF COURT

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 661391 7175592

AUTHORIZATION



COST LIMIT : \$ 25.00

ORDER DATE : June 8, 2015

ORDER TIME : 9:33 AM

ORDER NO. : 661391-035

CUSTOMER NO: 7175592

CHANGE OF AGENT

NAME: INMOTION BOS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INMOTION BOS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAXINE E. HOUSER

\_\_\_\_\_  
Name of Person

INMOTION ENTERTAINMENT GROUP, LLC

\_\_\_\_\_  
Firm/Company

4801 EXECUTIVE PARK COURT, SUITE 100

\_\_\_\_\_  
Address

JACKSONVILLE FL 32216

\_\_\_\_\_  
City/State and Zip Code

ANNUALREPORTS@CSCGLOBAL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KELLI SHORTTE

800

927-9801 X 62260

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: INMOTION BOS, LLC

2. (a) 4801 EXECUTIVE PARK COURT, SUITE 100 (b) 4801 EXECUTIVE PARK COURT, SUITE 100

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

JACKSONVILLE FL 32216

JACKSONVILLE FL 32216

05/11/2015

L15000083040

3. Date of filing/registration in Florida

4. Document number

5. (a) P. JEREMY SMITH, JR.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4801 EXECUTIVE PARK COURT

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 100

JACKSONVILLE, FL 32216

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

**FILED**  
15 JUL 29 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

P. Jeremy Smith, Jr.

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent Corporation Service Company BY:

**Courtney Williams**  
**Asst. Vice President**

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00