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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

Division of Corporations							
SUBJECT: INFINITY MANGEMENT LL	.c						
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning th	is matter to the following:						
MARIE J. GRASMEIER							
Name of Person							
GRASMEIER BUSINESS SERVICES	LLC						
Firm/Company	 						
10676 COLONIAL BLVD. STE 40-200							
Address							
FORT MYERS, FL 33913							
City/State and Zip Code							
MARIE@MARIECPA.COM							
E-mail address: (to be used for future ann	nual report notification)						
For further information concerning this matter,	please call:						
MARIE J. GRASMEIER	239 450-2105						
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						

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. Na	me of the limited liability company: INFINITY M	IANGEMI	ENT LLC	; 			
2. (a)		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, <u> </u>	Mailing addre	ss of limite	ed liabili	ty company:
	1956 GROVE AVE UNIT A		SAME				
	FORT MYERS, FL 33901						
	09/23/2015		L150001	162107			
3.	Date of filing/registration in Florida	4.		Document	number		
5. (a)							
` ,	Registered Agent and Registered Office shown on the records CHAN, YOKE SEE	of the Florida	Dept. of Sta	ate:			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	_			
	17208 ORIOLE 4D	171001000		_			¥
	FORT MYERS, I	_{FL_} 33967		_	₽£	201	
					CRE	2015 OCT	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	lress:	_	TARY ASSE	1	Ē
					Y OF		П
	MARIE J GRASMEIER				OF STATE EE. FLORIDA	٩	
	NEW Registered Office Address:)REC	Ŧ.	
	10676 COLONIAL BLVD. STE 40-200	·····		_ :	Þ		
	FORT MYERS	_{FL} 33°	71 Z	.**			
	+ or interes	FL 53	115				
the cha agent w was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regis liability co s of the lim he limited l	stered office ompany, it ited liabilities iability co	ce and the built is hereby co ity company mpany.	usiness of infirmed or as oth	ffice of that the erwise	f the registered e change(s) provided in
	hub.		HUNL	$+\frac{\text{YOKE}}{\text{Printed or ty}}$	SEF		
-	ture of a member or authorized representative of a member						
the obli	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple igations of my position as registered agent as provided reflect a change in the registered office address, it in writing of this change. The of Registered Agent	igree to act le perform ded for in C I hereby co	in this ca ance of my Chapter 60 onfirm tha	pacity. I fur duties, and 15, F.S. Or, t the limited	ther agre I am fan if this do liability	re to co niliar w cumen compa	omply with the vith and accept t is being filed ny has been