L (5000 172045

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	∋ #)			
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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SECRETARY OF STATE
TALLAHASSEE, FLORID,

OCT 22 2015 J SHIVERS

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT:		
5000		mited Liability Company	
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matte	er to the following:	
Lena	D. Edwards		
••••	Name of Person		
IV2Y	OU, LLC		
	Firm/Company		
5978	Buena Vista Court		
	Address		
Boca	Raton, FL 33433		
	City/State and Zip Code		
ldem	d.pllc@gmail.com		
I	E-mail address: (to be used for future annual repo	ort notification)	
For fu	rther information concerning this matter, please		. (
Filip '	Trpkovski Lena Edwards at (959 561 306-7211 321-7589 Area Code & Daytime Telephone Number	Mouvaros
	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	i
	Enclosed is a check for the following amoun	nt:	
	☑ \$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. N	ame of the limited liability company: IV2YOU, LLC	<u> </u>			
2. (a)	4800 North Federal Highway	(b)	(b) 5978 Buena Vista Court		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(5)		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite B103		Boca Rat	on, FL 33433	
	Boca Raton, FL 33431				
	October 8, 2015	L	15000172	2045	
3.	Date of filing/registration in Florida	4.	Ī	Occument number	
5. (a)	Suzanne Suarez Hurley				
Σ. (u)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:		
	Greenspoon Marder Law				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	SunTrust Financial Centre, 401 East Jacks	on Street	, Ste. 18:		
	Tampa Fi	33602		$m{f A}_{G}$	
				15 (C)	
(b)				OCT AHAA	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addr	ess:	ARY SSE	
	5978 Buena Vista Court			mo A	
	NEW Registered Office Address:			AMII:28 OF STATE E.FLORIDA	
				D _{FR} •	
	Boca Raton, FI	33433			
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registe iability con of the limited lia limited lia	ered office npany, it is ed liability ability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
	11/devaros	Lena	D. Edwa		
	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mer	eby accept he appointment as registered agent and age sions of all statules relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I ed in writing of this change.	o nortarmai	nce of my di	uties, and I am tamiliar with and accept	
Signati	ure of Registered Agent				
PiBligit	and of the Spirited Assorti				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00