3/8/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000076113 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

 $\hat{\mu} \in \mathcal{F}^{*}$

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

ഗ **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:	 _
----------------	---------------

LLC REGISTERED AGE T IBUYHOUSESHQ"LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Mend

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

5.[f)

		COVEREE	TTER: }	
	gistration Section vision of Corporations		} ; 3	
SUBJECT	, IBUYHOUSESHQ LLC			
oczoze,		ne of Limited Liab	oility Com	pany
Dear Sir or	Madam:	,,	31940	et.
The enclose	ed Registered Agent/Registered Off	ice Change and fe	ee(s) are si	abmitted for filing.
Please retu	rn all correspondence concerning the	is matter to the fo	ollowing:	
Cheyenn	e Moseley			
	Name of Person		_	
Legalzoo	om.com, Inc.	•		
	Firm/Company		-	44
101 N. B	rand Blvd., 10th Floor	,45 <u>4</u> (.)		% .
	Address		-	
Glendale	, CA 91203			
	City/State and Zip Code		-	
ibuyhous	eshq@gmail.com		ર્જી જા	
E-ma	il address: (to be used for future ann	ual report notific	ation)	
For further	information concerning this matter,	please call:		
Cheyenn	e Moseley	800	773-08	388 ext 9724
	Name of Person		Area Code	e & Daytime Telephone Number
Reg Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 51 Executive Center Circle llahassee, Florida 32301	Regi: Divis P.O. Talla	LING AD stration So sion of Co Box 6327 hassee, Fl	ection rporations orida 32314
En	closed is a check for the following	amount:		
	\$25 Filing Fee	□ \$55	Filing Fee	& Certified Copy

INHS18 (2/14)

1.705

253.5

850-617-6381

3/7/2018 9:40:12 AM PAGE 1/001 Fax Server



March 7, 2018

IBUYHOUSESHQ LLC
218 E BEARSS AVE.
SUITE #333

SUBJECT: IBUYHOUSESHQ LLC

REF: L15000185153

TAMPA, FL 33613US

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

and the second

#5. 1€

P.O BOX 6327 - Tallahassee, Florida 32314

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 Eistutes, 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: IBUYHC	DUSESHQ	LLC	
	Principal office address of limited liability compar (Nate: MUST BE STREET ADDRESS)	ly:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	218 E BEARSS AVE. SUITE #333		⊋18 E	BEARSS AVE. SUITE #333
	TAMPA, FL 33613		TAMP	A, FL 33613
	10/30/2015		L15000	185153
3.	Date of filing/registration in Florida	4,		Document number
5. (ล)				
J. (11)	Registered Agent and Registered Office shown on the reco	nds of the Florid	a Dept. of St	
	DANIEL A MOODY			
	Registered Office Address (MUST BE FLORIDA STI	REET ADDRES	<u>57</u>	
	18915 5TH ST. SW		Yo	
	LUTZ		- 132. 132.	- 基型
				- SSS & H
(b)	Enter name of NEW Registered Agent and/or NEW Registered			
	Enter name of NEW Registered Agent and/or NEW Regis	stered Office at	dresy:	6
	UNITED STATES CORPORATION AG	ENTS, INC		8 51
	NEW Registered Office Address:		2	,
	13302 WINDING OAK COURT, SUITE	Α	2	
	ТАМРА	_{.FL} 33612		
the char agent w was/we	mited liability company is not organized under tage or changes are made, the Florida street addressed be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the membeles of organization or the operating agreement of	he laws of the css of the regi ted liability of bers of the lin of the limited	State of F stered offic ompany, it nited liabilities to liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
		DA	NIEL A	MOODY
Signa	tre of member of authorized representative of a member			Printed or typed name of signed
provisie the obli to mere notifica	y accept the appointment as registered agent an ons of all statutes relative to the proper and come gutions of my position as registered agent as professional confice address in writing of this change. CHEVENNE MOSELEY, ASSISTANT SECTION AGENTS, INC. of Registered Agent	plete perform ovided for in (ess, I horeby c	ance of my Cranter 60 or from tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed to the limited liability company has been