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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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LLC REGISTERED AGENT CHANGE 2INFINITY FLORIDA, LLC

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Help

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: 2INFINITY FLO	RIDA, LLC	
2. (a)	86 N University Ave	S6 N University Ave	
(4)	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)		Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 350	Suite 350	
	Provo, UT 84601	Provo, UT	84601
	11/03/2015	L15000186	619
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	COGENCY GLOBAL INC.		
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Stat	- e:
	115 North Calhoun Street		7.5 28
	Registered Office Address (MUST BE FLORIDA STREET) Suite 4	ADDRESS)	FILED 2005 SEP 22 PH O
	Tallahassee FL	32301	22 P
(b)	C T Corporation System		PH 2: 56
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		- 35 S6
	NEW Registered Office Address:		-
	1200 South Pine Island Road		
	Plantation	33324	-
	, FL		-
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the registered office ability company, it is of the limited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Caren Luey	Karen Luey	
•	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agricons of all statutes 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 d in writing of this change. CT Corporation System	ree to act in this cap performance of my d for in Chapter 60: hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	ire of Registered Agent SEANL EMERICK, ASSISTANT SECRETARY		