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| (City/State/Zip/Phone #) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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V SULKER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Indian River Technology 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:

James Rallo

Name of Person

Firm/Company

2570 Longwood Ct

Address

Titusville, FL 32780

City/State and Zip Code

jrallo@indianrivertech.com

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

For further information concerning this matter, please call:

James Rallo

321 446-5807

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:

2 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOT LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

| (a) _ | Principal office address of limited liability company: | (b) | _ (b) Mailing address of limited liability co | | | |
|-------|--|----------|--|----------|---------|-------------|
| | (<u>Note: MUST BE STREET ADDRESS</u>) | | (<u>Note: MAYBE POST OFFICE</u> | | | |
| | 2570 Longwood Ct | <u> </u> | 2570 Longwood Ct Titusville, FL 32780 | | | |
| | Titusville, FL 32780 | | | | | |
| | 1/11/2016 L160000 | | | 07342 | | |
| | Date of filing/registration in Florida | | | Document | number | |
| (9) | | | | | ्न | , 20 |
| (a) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | 2019 OCT -2 |
| | James Rallo | | | | | CŢ. |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | \sim |
| | 2570 Longwood Ct | | | | - | |
| | Titusville | 32780 | | _ | | M: 11: 20 |
| | | 1 | | _ | , 74 | 20 |
| b) | | | - | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | | | | | |
| | James Rallo | | | | | |
| | NEW Registered Office Address: | · | | _ | | |
| | 2570 Longwood Ct | | | _ | | |
| | Titusville | . 32780 | | | | |

Signature of a member or authorized representative of a member

James Rallo

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is be to merely reflect a change in the registered office address. I hereby confirm that the limited liability company ha notified in writing of this change.

Signature of Registered Agent

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