L16000150907

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAHASSEE, FL

February 15, 2022

HUMBERTO TORRES IBINDERBOOK.COM, LLC 12005 SW 117 AVENUE MIAMI, FL 33186 US

SUBJECT: IBINDERBOOK.COM, LLC

Ref. Number: L16000150907

We have received your document for IBINDERBOOK.COM, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a corporation and your entity is an LLC. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey OPS

Letter Number: 322A00003730

www.sunbiz.org

COVER LETTER

Divis	ion of Corporations					
SUBJECT:	IBINDERBOOK.COM, LLC					
sobatie i.	Name of Limited Liability Company					
Dear Sir or M	ladam:					
The enclosed	Registered Agent/Registered	Office Char	nge and	fee(s) are submitted for filing.		
Please return	all correspondence concerning	g this matter	to the	following:		
	Humberto Torres					
-	Name of Person					
	IBINDERBOOK.COM, LI	.C				
	Firm/Company		-	_		
	12005 SW 117th Ave					
	Address		_			
	Miami, FL 33186					
	City/State and Zip Co	de				
	admin@insurancenation.com	n				
E-mail a	address: (to be used for future	annual repo	rt notifi	ication)		
For further in	formation concerning this ma	itter, please o	call:			
Humberto To	orres	at (305	776-3722		
	Name of Person			Area Code & Daytime Telephone Number		
Regi Divis P.O.	ing Address: stration Section sion of Corporations Box 6327 thassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Encl	osed is a check for the follow	ving amoun	t:			
□ \$2	5 Filing Fee		□ \$:	55 Filing Fee & Certified Copy		

TO:

Registration Section

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:IBINDERBOO	K.COM, LLC	
2. (a)	12005 SW 117th Ave Miami, FL 33186	(b)	12005 SW 117th Ave Miami, FL 33186
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	08/12/2016		1.16000150907
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	IBINDERBOOK.COM, LLC		
` '	Registered Agent and Registered Office shown on the records of 12005 SW 117th Ave		of State:
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>	Preb 2
	Miami , F	L	
(b)	Humberto Torres		言るの
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	
	12005 SW 117th Ave		
	NEW Registered Office Address:	_	
	Miami F	1.33186	
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street-address of the vill be identical. Or, in the ease of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered off iability compar of the limited l	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	——/~	Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ily reflect a change in the registered office address, I ly writing of this change.	ree to act in the performance of ed for in Chapt hereby confirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed at the limited liability company has been
Signatu	re of Registered Agent		