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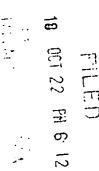
(Red	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations

SUBJECT: iSpy Pens LLC Name of Limited Liability Company		
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	the following:	
Andrew Gilliand Name of Person		
i Spy Pens LLC Firm/Company		
1226 E Cumballan	AVE #222	
Tampa Fl 3360 &		
E-mail address: (to be used for future annual report	S. (OV) notification)	
For further information concerning this matter, please call:		
Andrew Gilland at (8) 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:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.

r toriau.	> 6 11 /
1. Name of the limited liability company: 15py	Pens LLC
2. (a) ISPYPENS LLC	(b) SpyPenS LLC
Principal office address of limited liability company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
(Note: MUST BE STREET ADDRESS)	
10/ N 11 31 ree1 + 1	
Tampa FL 3360x	1 ampa FL SSOUX
10/31/2016	L16006199716
3. Date of filing/registration in Florida	4. Document number
5. (a) Andrew Gilliand	
Registered Agent and Registered Office shown on the secords of the	Florida Debt. of State:
401 W Kennedy 1	31v d
Registered Office Address MUST BE FLORIDA STREET ADD	DRESS)
Bax # 1/1	
Tampa .FL	33606
1 Part Gilliand	3
(b) AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>	ince address.
107 N 11th Street.	井 446
NEW Registered Office Address:	o,
	12
Tampa .FL_	33602
/ If the limited liability company is not organized under the laws of	of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liabil	
was/were authorized by an affirmative vote of the members of tl	he limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the lin	
Signature of a member of authorized representative of a member	Andrew Gilliand 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 with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent