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Account#: 120000000088

Date:	11/24/2020	
Name:		
	#:1278018	_
Entity Nam	ne:INNV	ENTURES GP LLC
	cles of Incorporation/Authoriz	
☐ Ame	endment	
∠ Cha	inge of Agent	
☐ Reir	nstatement	
Cor	version	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Fict	itious Name	
Oth	er	
Authorized	Amount: \$25.00	

6 LLOYDS AVE, UNIT 4CL

LONDON EC3N 3AX

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Account#: 120000000088

Date:1	1/24/2020	
	Chris Vick	
Reference #:_		
	INNVE	NTURES GP LLC
	of Incorporation/Authoriza	
Amend	ment	
✓ Change	e of Agent	
Reinsta	tement	
Conver	sion	
Merger		
Dissolu	tion/Withdrawał	
Fictition	ıs Name	
Other_		
Authorized An	nount \$25.00	

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

Floride	ININIA/ENI	TURES GP I	1.C		
l. Na	une of the limited liability company:				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) _	-	dress of limited liability or MAY BE POST OFFICE	
	No Change	1	No Change		
	November 30, 2016		L160	000227338	
3.	Date of filing/registration in Florida	4.	Docume	ent number	
5. (a)	Corporation Service Company			20	
J. (11)	Registered Agent and Registered Office shown on the record	ls of the Florida D	ept, of State:	20 N	carcy/dg
	1201 Hays Street			2020 NOV	9 5
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)		25 A	
	Tallahassee	FL_32301		AM 9: 17	J
(b)	COGENCY GLOBAL INC.				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office addre	<u>:55</u> :		
	115 North Calhoun St., Suite 4				
	NEW Registered Office Address:				
	Tallahassee	. FL 32301			
the cha agent v was/wa	imited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	s of the registe ed liability com ers of the limite	red office and the pany, it is hereby ed liability compar	business office of the confirmed that the ch	e registered iange(s)
	aul R. Womble		R. Womble		
Signa	ture of a member or authorized representative of a member		Printed o	r typed name of signee	
provisi the obl to mer	hy accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as prov ely reflect a change in the registered office address d in writing of this change.	l agree to act is lefe performan vided for in Ch s, I hereby con,	i this capacity. I f ce of my dutics, a apter 605, F.S. O firm that the limite	further agree to comp nd I am familiar with Ir, if this document is ed liability company i	ly with the and accept being filed has been

/s/ Tim Mayville

Signature of Registered Agent

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