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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

0	Email Address:		
AN 10:		#: E-	123
<u>6</u> .	LLC REGISTERED AGENT CHANGE IOMG GROUP LLC		61 RE
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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

Florie					
1. N	ame of the limited liability company: IOMG G	ROU	² LLC		
2. (a)	7001 N. Endard Highway 0.206	(b	PO BOX 812042		
- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Boca Raton, FL 33487		Boca Raton, FL 33481		
	01/18/2017		L17000014818		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	Max Kangasniemi				
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	7801 N. Federal Highway 9-306				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
					
	Boca Raton , FI	.33487			
	Registered Agents Inc.				
(b	Enter name of NEW Registered Agent and/or NEW Registered	d Office ado			
	7004 44 0 1		7 - 6 - 4		
	7901 4th St N				
	NEW Registered Office Address:		ငာ့		
	STE 300		<u> </u>		
	St. Petersburg	_33702			
the chagent was/vethe ar	limited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the ature of a member or authorized representative of a member of a member or authorized representative of a member	f the regis iability co of the lim te limited l Rile	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) inted liability company or as otherwise provided in iability company. By Park Printed or typed name of signee In this canacity. I further agree to comply with the		
provi the oi to me	sions of all statutes relative to the proper and complete objections of my position as registered agent as provide rely reflect a change in the registered office address, I see it writing of this change. Bill Havre - Assistan	e performe ed for in C hereby co	ance of my duites, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been		

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

Signature of Registered Agent