L170000 41798

(Requestor's Name)						
(Address)						
(Address)						
,						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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258 SEP 28 ANTI-

SEP 20 TOTALES

COVER LETTER

то:	Registration Section Division of Corporations								
SHRU	SUBJECT: INDIAN RIVER WORKWEAR LLC Name of Limited Liability Company								
3000									
Dear S	iir or Madam:								
The cr	nclosed Registered Agent/Registered Off	ce Change and	fee(s) are submitted for filing.						
Please	return all correspondence concerning th	s matter to the f	Collowing:						
GEO	RGE M LONG								
	Name of Person		_						
INDIAN RIVER WORKWEAR LLC									
	Firm/Company	· · · · · · · · · · · · · · · · · · ·							
1509	LAKE ST								
	Address		_						
MELE	BOURNE FL 32901								
	City/State and Zip Code		_						
glong	@irwear.com								
F	E-mail address: (to be used for future ann	ual report notifi	cation)						
For fu	rther information concerning this matter.	please call:							
GEO	RGE M LONG	321	522-4018						
	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	Reg Div P.O	AILING ADDRESS: gistration Section ision of Corporations . Box 6327 lahassee, Florida 32314						
	Enclosed is a check for the following amount:								
	☑ \$25 Filing Fee	□ \$5	5 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.

L. Na	une of the limited liability company: INDIAN RIVE	R WORKWEAF	RLLC			
2. (a)						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	1509 LAKE ST	1509 L	1509 LAKE ST			
	MELBOURNE, FL 32901	MELBOURNE, FL 32901				
	10/22/30 11 11 11 11 11 11 11 11 11 11 11 11 11					
	02/22/2017	L170000)41798			
3.	Date of filing/registration in Florida	4.	Document nu	mber		
5. (a)	LONG, GEORGE M, JR					
J. (II)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	nte:			
	Registered Office Address (MUST BE FLORIDA STREET.	 -				
	401 N. WICKHAM RD #132		_			
	MELBOURNE	32935		>	2817	
			_)	SE	``;
(b)	LONG, GEORGE M, JR	_	3	2 2 2	Control of the contro	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:		٠.		.
	NEW Registered Office Address:				···	
	1509 LAKE ST					
	MELBOURNE	32901				
	, FL		_			
	imited liability company is not organized under the lavinge or changes are made, the Florida street address of					
agent v	vill be identical. Or, in the case of a Florida limited li	ability company, it	is hereby confir	med tha	at the c	hange(s)
	ere authorized by an affirmative vote of the members of thes of the members of the			as other	wise pi	ovided in
	Sent H	GEORGE M	• •			
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee				
1 herei provisi	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete	ee to act in this cap performance of m	pacity. I further	r agree m tamil	to comp	ply with the
the obl to merc	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I i	d for in Chapter 60, hereby confirm tha	5, F.S. Or, if the timited liab	is docu bility co	ment is mpany	being filed has been
notified	d'in whiting of this change.	. ,		•		
Cimatu	The of Pariety of Around					

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