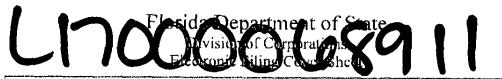
5/8/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	<b>—</b>
To !	here the second of the second	50.3
To:	Division of Compositions	
	Division of Corporations	58 1
	Fax Number : (850)617-6383	S 24 B
From:		
	Account Name : LEGALZOOM.COM INC.	0° 00 - 1
	Account Number : I20010000062	
	Phone : (323)962-8600	2A N
	Fax Number : (323)962-3889	en N

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

Email	Address:					

## LLC REGISTERED AGENT CHANGE INNOVATIVE AUTO HR LLC

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## **COVER LETTER**

то:	Registration Section Division of Corporations		C.A.			
SUBJI	FCT: INNOVATIVE AUTO HR LLC	5				
00201	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning this	s matter to the	following:			
Chey	renne Moseley					
	Name of Person		_			
Legal	Izoom.com, Inc.					
	Firm/Company		<del></del>			
101 N	N. Brand Blvd., 10th Floor					
	Address		<u> </u>			
Glend	dale, CA 91203					
	City/State and Zip Code		<del></del>			
smza	nnino@gmail.com					
E	-mail address: (to be used for future annu	al report notif	ication)			
For fur	ther information concerning this matter, p	olease call:	•			
Chey	enne Moseley	800 at (	773-0888 x9724			
	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.C	AILING ADDRESS: gistration Section vision of Corporations b. Box 6327 lahassec, Florida 32314			
	Enclosed is a check for the following a	amount:	·			
	□ \$25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy			
INIIS18	3 (2/14)		·			

425

## 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: INNOVATIVE	E AUTO HR	LLC
2. (a)	3751 SAINT CHARLES CIR	(b) 375	51 SAINT CHARLES CIR
ъ. (u) <sub>.</sub>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SARASOTA, FL 34233	SAI	RASOTA, FL 34233
	03/27/2017	 L170	000068911
3,	Date of filing/registration in Florida	4,	Document number
5. (a)	ZANNINO REYES S, ANDRA MARIE		
. (2)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	3751 SAINT CHARLES CIR		
	Registered Office Address MUST BE FLORIDA STREET		
	SARASOTA, FI	34233	ASS I
(b)	Sandra Marie Zannino Reyes		
•	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	85 - NO
	3751 SAINT CHARLES CIR		
	NEW Registered Office Address.		000 m 22
	SARASOTA , FI	34233	
he cha igent v	mited liability company is not organized under the lar nge or changes are made, the Florida street address and fill be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members of less of organization or the operating agreement of the	f the registered ability compan of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
$\mathcal{A}^{-1}$	Who II		Marie Zannino Reyes
Signat	and of a framber or authorized representative of a member	<del></del>	Printed or typed name of signee
i herei provisi he obl o mare	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act in this performance of all for in Chapte hereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed a that the limited liability company has been
	Sandra Marie	e Zannino Re	eyes
-	Division of Corporations P.O.	Box 6327• Tal EE: \$25.00	llahassee, FL 32314
S18 (2/			