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Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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TO: **Registration Section Division of Corporations** 

SUBJECT: <u>I CRAFT VINYL LLC</u>. Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kyle CATINELLA Name of Person

ICRAFT VINYL Firm/Company

1170 N FEDERAL HWY STE 1111 Address

FORT LAWERDALE, FL 33304 City/State and Zip Code

<u>E-mail address:</u> (to be used for future annual report notification)

For further information concerning this matter, please call:

STREET/COURIER ADDRESS:

## Kyle (ATINELLA at (561) 654.3482 Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

**Registration Section Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

## Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

NOTE: PLEASE REMOVE BRAD RIVE FROM THE ROLL AS A REGISTAN AGENT. KYCE CATINELLA WILL BE THE ONLY REGISTAN ENT MOVING FORMED.

INHS18 (2/14)

## 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	ame of the limited liability company: ICRAFT	VINYL LLC.	
2. (a)	<u><i>IPONFEDERALHWY.</i></u> Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	(b) <u>//70 N_FEDEPACHW</u> , <u>H</u> Mailing address of limited liability company ( <u>Note: MAY BE POST OFFICE BOX</u> )	
	FORT LANDERDALE, FL	FORT CAUDERDALE, FL	
	33304	33304	
	6.15-2017	L 17000130642	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)	BEAD RIVERA 1170 N FEDERALH Registered Agent and Registered Office shown on the records of th	<u>HWY STE III, FTL</u> , FL 33304 (4 REM the Florida Dept. of State:	COVE
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	
	1170 N FEDERAL AWY STEILIL,		
	1170 N FEDERIAL HWY STEILII, FORT LANDED DALE .FL.	<u>. 33304</u>	•
(h)	KYLE CATINELLA		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (	Office address:	
	NEW Registered Office Address:		
	, FL	·	
the cha agent v was/y	ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial		stered s)
-(Jigne	fure of a member or authorized representative of a member	BEAD <u>EIVERA</u> Printed or typed name of signee	<u> </u>
provis the ob- to meg	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided by reflect a change in the registered office address. I h d'in writing of this change.	ee to act in this capacity. I further agree to comply with performance of my duties, and I am familiar with and a d for in Chapter 605, F.S. Or, if this document is being hereby confirm that the limited liability company has be	h the ccept filed en
Signati	in of Regnined Agent		
Y	Division of Corporations• P.O. B	Box 6327• Tallahassee, FL 32314	

FILING FEE: \$25.00