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COVER LETTER

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Registration Section Division of Corporations

Inventive Property Solutions, LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

TO:

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

Please return all correspondence concerning this matter to the following:

Melanie Hopkin

Name of Person

Inventive Property Solutions, LLC

Firm/Company

1700 Jake St #101

Address

Orlando, FL 32814

City/State and Zip Code

melanie.hopkins@homevestors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Hopkins

Name of Person

_____773-4819 ______

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at (

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

MAILING ADDRESS:

Enclosed is a check for the following amount:

☑ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy



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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.

1. Na	me of the limited liability company:	Inventive Property Solutions, LLC				
2. (a)	1700 Jake St. #101		(b) 1700 Jake St #101 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Orlando, FL 32814		Orlando,	FL 32814		
	September 22, 2017		L1700019	6707		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Melanie C. Hopkins					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1333 Lake Baldwin Lane Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Apt 113					
	Orlando	L32814			R AUG	
(b)						
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	<u>ddress</u> :			
	1700 Jake St					
	NEW Registered Office Address:				0	
	#101					
	Orlando	L_32814	L			
the cha agent v was/we	imited liability company is not organized under the la nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members cles of organization or the operating agreement of th	aws of th of the reg liability of the li	e State of Flo istered office company, it is nited liability liability com	and the business o hereby confirmed company or as oth pany.	ffice of the registered that the change(s)	
 	ture of a member or authorized representative of a member	<u></u>	Mela.	Printed or typed name	of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

lo UI Signature of Registered Agent

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