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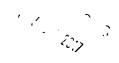


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COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	INZEPT LLC					
Name of Limited Liability Company						
Dear Sir o	r Madam:					
The enclos	sed Registered Agent/Registered Off	ice Chang	e and f	fee(s) are submitted for filing.		
Please retu	irn all correspondence concerning th	is matter t	o the fo	ollowing:		
Alexande	er Z Brown					
	Name of Person			<u></u>		
INZEPT	LLC					
•	Firm/Company			_		
420 E C	nurch St, Unit 808					
	Address			-		
Orlando,	FL 32801					
	City/State and Zip Code					
alexande	erzbrown@gmail.com					
E-ma	il address: (to be used for future ann	ual report	notific	cation)		
For further	information concerning this matter,	please ca	II:			
Alex Brov	wn	35 at (2	409-5374		
	Name of Person			Area Code & Daytime Telephone Number		
Re Di CI 26	rREET/COURIER ADDRESS: egistration Section vision of Corporations ifton Building 61 Executive Center Circle illahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
En	nclosed is a check for the following	amount:				
2	\$25 Filing Fee		□ \$ 55	5 Filing Fee & Certified Copy		
INHS18 (2)	114)					

NHS18 (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.

Name of the limited liability company: INZEPT LLC	<u> </u>					_
2. (a) Alex Brown		(b) Alex Bi	rown			_
Principal office address of limited liability company:		(0)	Mailing address of limited I			-
(Note: MUST BE STREET ADDRESS) 420 E Church St, Unit 808		400 E 4	(Note: MAY BE POST	OFFICE E	<u>30X</u>)	
420 E Glidich St, Offic 606		420 E (Church St, Unit 808			_
Orlando, FL 32801		Orlando	o, FL 32801			_
November 3, 2017		L170002	27867	# (15)	17 NOV	
3. Date of filing/registration in Florida	4.		Document number	7.F.		
5. (a) United States Corporation Agents, Inc.				••	20	•
Registered Agent and Registered Office shown on the records o	f the Flor	ida Dept. of Sta	de:		크	
United States Corporation Agents, Inc.					بن	
Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS</u> 1	_		حو المح	
13302 Winding Oak Court Suite A					. #	
Tampa	3361	2	_			
, r	L		_			
(b) Jason A. Davis						
Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:				
Shuffield Lowman						
NEW Registered Office Address:						
545 West Main St		a				
Tavares	L 3277	8				
· -						
If the limited liability company is not organized under the lathe change or changes are made, the Florida street address cagent will be identical. Or, in the case of a Florida limited I was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the	of the re liability of the l	gistered office company, it is inited liabili	te and the business officies hereby confirmed that to company or as other	ce of the	registered	1
	Α	lexander Z	Brown			
Signature of a member or authorized representative of a member	_		Printed or typed name of	signee		-
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet the obligations of my position as registered agent as provid to merelly reflect a change in the registered office address, in notified in Fring of this change.	gree to de e perfor led for it I hereby	nct in this cap mance of my n Chapter 6U confirm that	pacity. I further agree oduties, and I am famili 5, F.S. Or, if this docu t the limited liability co	to compliar with a ment is b mpany h	y with the and accep eing filed as been	<i>{</i>
Signature of Registered Agent						
7						
Division of Corporations • P.O. FILING I			issee, FL 32314			