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.

(((H200002827163)))



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To:	Division of Componentions		
	Division of Corporations Fax Number : (850)617-6383		
From:			
	Account Name : LEGALZOOM.COM	INC.	
	Account Number : I20010000062		
	Phone : (323)962-8600		۲-3
	Fax Number : (323)962-3889 the email address for this busine		021
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Corporate Filing Menu

1/1

Help

Electronic Filing Menu

COVER LETTER

Division of Corporations						
SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Cheyenne Moseley						
Name of Person						
Legalzoom.com, Inc.						
Firm/Company						
101 N. Brand Blvd., 10th Floor						
Address						
Glendale, CA 91203						
City/State and Zip Code						
nathaliacopeland@yahoo.com						
E-mail address: (to be used for future annual repo	rt notification)					
For further information concerning this matter, please of	all:					
Cheyenne Moseley 8	00 773-0888 ext 9724					
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314					
Enclosed is a check for the following amount:						
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

To:

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.

. Na	me of the limited liability company: ISPEAK SC	OCIAL LLC			
	8695 NW 6th Lane Suite 106	(b) 1330	(b) 1330 Ala Moana Blvd. #1905		
. (4).	Principal office address of limited liability company: (Now: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	MIAMI, FL 33126	Honolulu, HI 96814			
	04/19/2018	L180	00098725		
	Date of filing/registration in Florida		Document number		
. (a)	Nathalia Copeland				
, (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept. o	if State:		
	8695 NW 6th Lane Suite 106				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
		33126	_ 		
(b)	UNITED STATES CORPORATION AGENT	rs, inc.	\$ 1		
ζ-,	Enter name of NEW Registered Agent and/or NEW Registers	ed Office address:	. 43		
	5575 S. Semoran Blvd., Suite 36		_ 7		
	NEW Registered Office Address:		ر <u>۽</u> س		
	Orlando	_{°L} 32822			
the cha agent was/w was/w the art	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the State of the registered liability compans of the limited li ne limited liabilit	y, it is hereby confirmed that the change(s) ability company or as otherwise provided in company. Copeland		
-	ture of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mer not ific	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change. CHEYENNE MOSELEY, ASSIS	ded för in Chapte I hereby confirm TANT	is capacity. I further agree to comply with the of my duties, and I am lamiliar with and accept for 605, F.S. Or, if this document is being filed a that the limited liability company has been		