

118000108525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

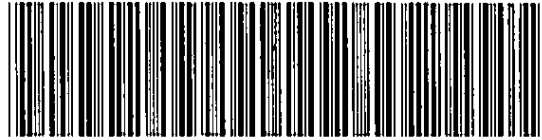
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2019 APR 29 PM 4:25
CLERK OF COURT
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MAY 08 2019

COVER LETTER

TO: Registration Section
Division of Corporations

Inventors Trust LLC

SUBJECT:

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:

Jermaine Porter

Name of Person

Inventors Trust LLC

Firm/Company

100 SE 2ND ST SUITE 200

Address

Miami FL

City/State and Zip Code

info@inventorstrust.co

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

For further information concerning this matter, please call:

Jermaine Porter

305

363-4648

at ()

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
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

**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.

Inventors Trust LLC

1. Name of the limited liability company: Inventors Trust LLC
100 SE 2ND ST SUITE 2000 100 SE 2ND ST SUITE 2000

2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

4/30/2018

L18000108525

3. Date of filing/registration in Florida 4. Document number
Jermaine Porter

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1375 NE 117TH ST

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

MIAMI 33161
FL

Diana De Armas

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

100 SE 2ND ST SUITE 2000

NEW Registered Office Address:

MIAMI 33131
FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Diana De Armas

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 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.

Signature of Registered Agent

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

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OF FLORIDA