

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.

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To:				σì	
	Division of Cor	rporations		-	7-5-
	Fax Number	: (850) 617-6383		$\geq$	T. T.
From:				ö	
	Account Name	: INCORP SERVICES INC	•	СЛ	
	Account Number	: 120120000007		0	
	Phone	: (702)866-2500			
	Fax Number	: (702)866-2689			

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: documents@incorp.com

### LLC REGISTERED AGENT CHANGE INVECS REAL ESTATE LLC

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## H190002765003

#### COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	InVECs Real Estate LLC					
00201		of Limited Li	ability Company		• .	
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning this r	matter to the	following:			
Mega	n Bessey					
	Name of Person		<del></del> -		201	
InCor	p Services, Inc.			-	2019 SEP 16	
	Firm/Company	<del></del>	<del></del>	• •	9	 
3773	Howard Hughes Parkway Sulte 500	)S	_		AH 10: 50	(2,2)
	Address	-			0:	
Las V	egas, NV 89169-6014				50	
	City/State and Zip Code		- <del></del>			
docur	ments@incorp.com					
Е	-mail address: (to be used for future annua	Treport notif	ication)			
For fur	ther information concerning this matter, pl	ease call:				
Megar	n Bessey for InCorp Services, Inc.	800	246-2677		_	
	Name of Person		Area Code & Daytime Telep	hone Numb	er	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314			
	Enclosed is a check for the following as	mount:				
	■ \$25 Filing Fee	☐ <b>\$</b> 3	55 Filing Fee & Certified Copy	,		
INHSI	3 (2/14)					

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## H190002765003

# 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, Flortda 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.

. (a)	Principal office address of limited liability company:  [Note: MUST BE STREET ADDRESS]		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)		
	06/12/2018		L18000144616		
•	Date of filing/registration in Florida	4.	Document number		
(e)	UNITED STATES CORPORATION AGENTS	S, INC.			
	Registered Agent and Registered Office shown on the records of the 5575 S. SEMORAN BLVD SUITE 36  Registered Office Address (MUST BE FLORIDA STREET AL		2019 SEP		
	ORLANDO ,FL	32822			
(b)	InCorp Services, Inc.		· · · · · · · · · · · · · · · · · · ·		
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	- MHO:		
	17888 67th Court North		50		
	NEW Registered Office Address:				
	Loxahatchee	33470	_		
ne cha gent v /as/we ne arti	imited liability company is not organized under the law- inge or changes are made, the Florida street address of ta- will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	the registered offi bility company, it the limited liabil	ice and the business office of the register is hereby confirmed that the change(s) lity company or as otherwise provided in the change with the change of the company.  Vashawn Cooper		
	uie of a member or authorized representative of a member		Printed or typed name of signer		
herei	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I ha d in writing of this change.	re to act in this co performance of m	pacity. I further agree to comply with a viduties, and I am familiar with and acc The FS. Or if this document is being fi		

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

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