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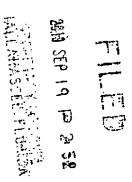
(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

Division of Corporations		
inView LLC		
	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Tamera Nielsen		
Name of Person		
inView LLC		
Firm/Company		
413 N. Briggs Avenue, #506		
Address		
Sarasota, FL 34237		
City/State and Zip Code		
tameranielsen@gmail.com		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, please	call:	
Tamera Nielsen	941 894-2898	
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	nt:	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (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.

2. (a)		/ h				
2. (11)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: :	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) 413 N. Briggs Avenue, #506 Sarasota, FL 34237			
	413 N. Briggs Avenue, #506					
	Sarasota, FL 34237					
	September 19. 2018	Ĺ	.1800022275	58		
3.	Date of filing/registration in Florida	4.	Doc	 cument no	ımber	
5. (a)	Legalinc Corporate Services. Inc					
J. (u)	Registered Agent and Registered Office shown on the record Patty Sclimenti	ls of the Florida	Dept. of State:			
	Registered Office Address	<u>ET ADDRESS)</u>				
	Fort Myers	. FL 33907				
(b)	Tamera Nielsen					
(-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	ered Office add	ess:		SEP 19	
	NEW Registered Office Address:				B	
	413 N. Briggs Avenue, #506				es Sy	Sail
	Sarasota	_{FL} 34237				
agent w was/we	mited liability company is not organized under the nge or changes are made, the Florida street address till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the	s of the registed liability con is of the limit the limited lia	red office and pany, it is here ed liability corr	the busing by configures	iess off rmed th	ice of the registered
Signan	ure of a member or authorized representative of a member			ed or typed	name of	signee
the obli to mere	y accept the appointment as registered agent and ons of all statutes relative to the proper and complegations of my position as registered agent as providy reflect a change in the registered office address, in writing of this change.	agree to act is vie performas ided for in Ch . I hereby con	e eleja auroaniese	1.6		

Signature of Registered Agent