Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 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 INVESTMENT ADVANTAGE GROUP LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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Electronic Filing Menu

Corporate Filing Menu

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K. SALY

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COVER LETTER

| TO; | Registration Section Division of Corporations | | | | | | | |
|---|--|------------------------|--|-------------|--|--|--|--|
| SUBJECT: Investment Advantage Group LLC | | | | | | | | |
| JODGE | Name of Limited Liability Company | | | | | | | |
| Dear Si | r or Madam: | | | | | | | |
| The end | closed Registered Agent/Registered Office Char | nge and fe | e(s) are submitted for filing. | | | | | |
| Please r | eturn all correspondence concerning this matter | r to the fo | llowing: | | | | | |
| | | | 1 | | | | | |
| | Jackie DeFilippis | | • | | | | | |
| | Name of Person | | • | | | | | |
| | InCorp Services, Inc. | | | | | | | |
| - | Firm/Company | | - | | | | | |
| | 3773 Howard Hughes Pkwy, - Suite 500S | S | | , | | | | |
| | Address | | - | l | | | | |
| | Las Vegas, NV 89169-6014 | | | | | | | |
| | City/State and Zip Code | | | | | | | |
| | documents@incorp.com | | _ | | | | | |
| E- | -mail address: (to be used for future annual repo | rt notifica | ation) | • | | | | |
| For fun | ther information concerning this matter, please of | call: | | | | | | |
| Jacki | e DeFilippis for InCorp Services, Inc. | 702 | , 866-2500 ext. 6915 | | | | | |
| | Name of Person | | Area Code & Daytime Teleph | none Number | | | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Regis Divis P.O. | ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314 | | | | | |
| Euclosed is a check for the following amount: | | | | | | | | |
| | ☑ \$25 Filing Fee | □ \$55 | Filing Fee & Certified Copy | I I | | | | |
| INHS18 | (2/14) | | | | | | | |

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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.

| 1. N | ame of the limited liability company: Investment | Advanta | ge Group LLC | | | |
|--|--|--|--|--|--|--|
| 2. (a) | Principal office address of limited liability company: | | | | of limited liability company: | |
| | (Note: MUST BE STREET ADDRESS) | | | | <u>Y BE POST OFFICE BOX</u> I | |
| | 8561 NW 17TH ST. | | 8561 NW | 171HSI. | · | |
| | PLANTATION, FL 33322 | | PLANTATION, FL 33322 | | | |
| | 09/20/2018 | | L18000223 | 710 | | |
| 3. | Date of filing/registration in Florida | 4. | I | Document | number | |
| s (=) | UNITED STATES CORPORATION AGENTS | . INC. | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records | · | rida Dept. of State: | | | |
| | 5575 S. Semoran Blvd Suite 36 | | | | T | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | | |
| | | _ | | | | |
| | Orlando, | FL | 32822 | | ≥ ⊬ 5 | |
| (b) | InCorp Services, Inc. | | | | a a m | |
| \- / | Enter name of NEW Registered Agent and/or NEW Registe | red Office | address: | | 23 | |
| | • | | | | | |
| | 17888 67th Court North | | | | <u> 구</u> | |
| | NEW Registered Office Address: | | | | | |
| | | | | | | |
| | | | | | ! >> - | |
| | Loxahatchee | FL | 33470 | | | |
| the ch agent was/w | limited liability company is not organized under the ange 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 member icles of organization or the operating agreement of the control of the contro | of the re I liability is of the | egistered office company, it is limited liability | and the bu hereby con company | isiness office of the registered in interest in the change (s) | |
| <u> </u> | Fd_ AJ | <u> </u> | Chieno Phidd | | | |
| • | ature of a member or authorized representative of a member | | | | ped name of signee | |
| I here provis the obtone to met notified | by accept the appointment as registered agent and tions of all statutes relative to the proper and completing at the proper and completing at the proper and completing at the registered agent as proving the reflect a change in the registered office address, at in writing of this change. If the property the property are all the property and proving the proving the property and proving the prov | agree to etc perfo idea for I hereb n heha | act in this capa rmance of my d in Chapter 605, y confirm that th | city. I furi uties, and F.S. Or, i he limited | ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been | |
| Stenan | are of Registered Agent | , peria | or moorp c | JU) 41003 | , 1,101 | |
| \smile | Division of Corporations • P.C |), Box 6 | 327 • Tallabass | ee, FL 32. | 314 | |

FILING FEE: \$25.00

INHS18 (2/14)

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