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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email	Address:							
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## LLC REGISTERED AGENT CHANGE INVESTMENT ADVANTAGE GROUP LLC

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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

Name of the limited liability company: Investme	ent Aav	rantage Group LLC
(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)
09/20/2018		18000223710
Date of filing/registration in Florida	4.	Document number
(a) INCORP SERVICES, INC.		
Registered Agent and Registered Office shown on the records of	f the Florida De	ept. of State:
17888 67TH COURT NORTH		
Registered Office Address [MUST BE FLORIDA STREET	'ADDRESS)	
LOXAHATCHEE . F	<sub>L</sub> 33470	
Registered Agents Inc.		22
Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	<u> </u>
7901 4th St N		- S
NEW Registered Office Address:		
STE 300		
St. Petersburg	. 33702	<del></del>
the limited liability company is not organized under the later change or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited list/were authorized by an affirmative vote of the members articles of organization or the operating agreement of the	nws of the Stoff the registe liability com of the limite e limited liab	red office and the business office of the registe pany, it is hereby confirmed that the change(s) ad liability company or as otherwise provided in
nature of a member or authorized representative of a member		Printed or typed name of signee
nereby accept the appointment as registered agent and as ovisions of all statutes relative to the proper and complet obligations of my position as registered agent as provid merely reflect a change in the registered office address, i ified in writing of this change.	e performan led for in Cha I hereby conj	ce of my duties, and I am familiar with and acc apter 605, F.S. Or, if this document is being fil firm that the limited liability company has been
Bill Havre - Assista	nt Secreta	ry