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COVE	COVER LETTER					
TO: Registration Section Division of Corporations						
SUBJECT: Inception Detains	ling LLC. ed 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:					
Brieyn S. Heenan Name of Person						
Inception detailing Firm/Company	<del></del>					
4764 SW 11th ct						
Address						
Plantation/FL 33317	7					
Inception detailing Damail E-mail address: (to be used for future annual report in	. COM) notification)					
For further information concerning this matter, please call						
Bricyn Heenan at (9) Name of Person	54 ) - 952 - 1840 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:						
S25 Filing Fee  □	3 \$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.

1. Na	me of the limited liability company:	nception	Defailir	ng LL	<i>C.</i>
2. (a)		(b)		$\mathcal{I}$	
. (a)	Principal office address of limited liability com  (Note: MUST BE STREET ADDRESS)  7027 W. Broward Blue Plantation, FL 33317	pany:	( <u>Note:</u> 7027	MAY BE POST  W, Bo	OFFICE BOX) TOWARD Blud.
3.	Date of filing/registration in Florida	4.	L 1800	DOZ339	
5. (a)	Registered Agent and Registered Office shown on the respectively.  4764 SW II+n C+  Registered Office Address (MUST BE FLORIDAS)	11	Dept, of State:	:	201917.7.2
(b)	Plantation  Bricyn Heenan  Enter name of NEW Registered Agent and/or NEW B	FL 33			2019 12 21 PH 4: 48
	7027 W. Brown  NEW Registered Office Address:	rd Blud.	<u> </u>		
	Plantation	.FL_333	317		
the cha agent w was/we	mited liability company is not organized underinge or changes are made, the Florida street advill be identical. Or, in the case of a Florida librative authorized by an affirmative vote of the models of organization or the operating agreement	ldress of the registe imited liability con embers of the limit	ered office and the spany, it is hereb ed liability come	he business offi by confirmed th	ice of the registered at the change(s)
	Brund 91. ure of a member or authorized representative of a memb		Brizyn H	teenan	
Signat	ure of a member or authorized representative of a memb	per	Printed	f or typed name of	signee
provision the obli- to mere	oy accept the appointment as registered agent ons of all statutes relative to the proper and c igations of my position as registered agent as ly reflect a change in the registered office ad I in writing of this change.	and agree to act i. omplete performa provided for in Cl dress, I hereby con	n this capacity, uce of my duties, uapter 605, F.S. ufirm that the lim	I further agree and I am famil Or, if this docu ited liability co	to comply with the 'iar with and accept anent is being filed ompany has been

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

Bruyn H.
Signature of Registered Agent