L19000002972

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COVER LETTER

Division of Corporations			
I&W PHARMA GROUP LLC SUBJECT:			
	mited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
FRAN SCHENK			
Name of Person			
SCHENK & ASSOCIATES PLC			
Firm/Company			
606 BALD EAGLE DRIVE, SUITE 612			
Address			
MARCO ISLAND, FL 34145			
City/State and Zip Code			
FRANS@SCHENK-LAW.COM			
E-mail address: (to be used for future annual repo	ort notification)		
For further information concerning this matter, please	call:		
FRAN SCHENK at (at (_at (394 7811		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amoun	ıt:		
■ \$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.

Principal office address of limited liability company: (Nate: MINT BE STREET ADDRESS) 1200 BRICKELL BAY DRIVE. SUITE 1505 MIAML FL 33131 01/04/2019 L19000002972 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: SCHENK & ASSOCIATES PLC Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 1001 BRICKELL BAY DRIVE. SUITE 1200 MIAMI FL 33131 (b) Einter name of NEW Registered Agent and/or NEW Registered Office address: 666 BALD EAGLE DRIVE. SUITE 612 MARCO ISLAND FL 33145 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in one merche reflect a change in the registered agent as provided for in Chapter of miles, and tan fundator with and accept the obligations of my position as registered agent as provided for in Chapter of miles, and tan fundator with and accept the obligations of my position as registered agent as provided for in Chapter of miles, and tan fundator with and accept the obligations of the progress of the section of the limited liability company.	1. N	ame of the limited liability company: [I&W PHARMA]	GROUI	PLLC		
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Registered Agent and Registered Office shown on the records of the Florida Dept. of State: SCHENK & ASSOCIATES PLC Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 1001 BRICKELL BAY DRIVE. SUITE 1200 MIAMI FL 33131 SEE 7 9 H 11. Enter name of NEW Registered Agent and/or NEW Registered Office address: 606 BALD EAGLE DRIVE. SUITE 612 MARCO ISLAND FL 34145 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the propositions of all statules relative to the proper and complete performance of my duties. and I am familiar with and accept the ability of its in a registered agent and spreaded for in Chapter 603, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.		01/04/2019		L190000	02972	
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00