Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000099198 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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:____

LLC REGISTERED AGENT CHANGE **IOVIVO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

O SIMMONS

APR 0 3 2020

1/1

Electronic Filing Menu

Corporate Filing Menu

Help

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

. Na	me of the limited liability company: lovivo	llc			
. (a)	2880 W OAKLAND PARK BLVD, SUITE 225C		(b) 2880 W O	OAKLAND PARK BLVD, SUITE 225C	
. ()	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		· /	iling address of limited liability company: Note: MAY BE POST OFFICE BOX)	
	OAKLAND PARK, FL 33311		OAKLA	ND PARK, FL 33311	
	02/19/2019		L190000)49227	
	Date of filing/registration in Florida	4.		Document number	
. (a)	REGISTERED AGENTS INC				
. (a)	Registered Agent and Registered Office shown on the reco	rds of the Flor	ida Dept. of State	· · · · · · · · · · · · · · · · · · ·	
	7901 4TH STREET NORTH				
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRE	(SS)	•	
	SUITE 300			2020	
	ST.PETERSBURG	_, _{FL} 337	02	2020 APR	
(h)	Northwest Registered Age	nt LLC			
(,,)	Enter name of NEW Registered Agent and/or NEW Registered Agent	stered Office	address:	A H	
	7901 4th St N			Aff 10: 34	
	NEW Registered Office Address:			• • •	
	STE 300			-	
	St. Petersburg	_, 337	02		

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 or the operating agreement of the limited liability company.

t	, . ,
Morgan Poble	Morgan Noble
Signature of a member or authorized representative of a member	Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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 the change.

Glover - Assistant Secretary

Signature of Registered Agent