

L19000077772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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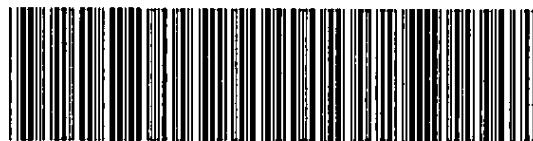
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 26 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: iTrans4orm, LLC

Name of Limited 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:

Erica Brasher

Name of Person

iTrans4orm, LLC

Firm/Company

970 Lake Carillon Dr , Suite 300

Address

Saint Petersburg, FL 33716

City/State and Zip Code

erica@iTrans4orm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erica Brasher at (727) 314-1643

Name of Person 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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: iTrans4orm, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

970 Lake Carillon Dr

970 Lake Carillon Dr

Suite 300

Suite 300

Saint Petersburg, FL 33716

Saint Petersburg, FL 33716

3. 3/20/19 Date of filing/registration in Florida 4. _____ Document number

5. (a) 3/20/19
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Erica Brasher

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

100 S Ashley Dr, Suite 600

Tampa, FL 33602

(b) Erica Brasher

Enter name of NEW Registered Agent and/or NEW Registered Office address:

970 Lake Carillon Dr

NEW Registered Office Address:

Suite 300

Saint Petersburg, FL 33716

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.

Erica Brasher
Signature of a member or authorized representative of a member

Erica Brasher

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 this change.

Erica Brasher
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA