

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.

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	Doing so will generate another cover sheet.		 -
To:	·	· . · · ·	;=•
10.	Division of Corporations		<u> </u>
	Fax Number : (850)617-6383	•	
From:		• - •	_ ,
, , , , , , ,	Account Name : REGISTERED AGENTS INC.		<u> </u>
	Account Number : I20090000081 Phone : (307)200-2803	# 15 13 1 1 1	Ċ
	Fax Number : (855)330-1010	od for fut	57
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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.

1. N	ame of the limited liability company: Inspire F	reedom	LLC	
	2740 CM MADTIN DOWNS BLVD	(b) 2740 SW MARTIN DOWNS BLVD		
2. (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)	
	#292	<u>#2</u>	92	
	PALM CITY, FL 34990	PALM CITY, FL 34990		
	07/03/19	L19000173760		
3.	Date of filing/registration in Florida	4.	Document number	
-7,	DENNIS, JOHN			
5. (a	Registered Agent and Registered Office shown on the records of	the Florida Dept	of State:	
	2740 SW MARTIN DOWNS BLVD			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	#292			
		24000		
	PALM CITY F	L34990		
(b	Registered Agents Inc.			
(1)	Enter name of NEW Registered Agent and/or NEW Registere	5 P		
	7901 4th St N			
	NEW Registered Office Address:		57 23 A	
	STE 300			
	St. Petersburg	_L 33702		
the cl agent was/ the a	c limited liability company is not organized under the lange or changes are made, the Florida street address at will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	hability comp s of the limited se limited liabi	any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.	
	mature of a member or authorized representative of a member	Riley F	Printed or typed name of signee	
I he. prov the o to me notif	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple obligations of my position as registered agent as provid erely reflect a change in the registered office address, Jed in syriting of this change.	gree to act in te performanc led for in Cha I hereby confi ant Secretar	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been	