

L20 000024192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

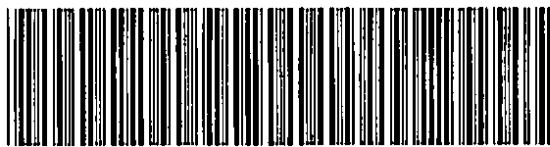
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COVER LETTER

TO: Registration Section
Division of Corporations

IOIW BY SOURCE LLC

SUBJECT: _____
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:

Jay Patel

Name of Person

IOIW BY SOURCE LLC

Firm/Company

14907 SR 60 E

Address

Lake Wales, FL 33898

City/State and Zip Code

jayp199496@gmail.com

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

For further information concerning this matter, please call:

Jay Patel

863

326-7311

at (_____) _____

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 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.

IOIW BY SOURCE LLC

Name of the limited liability company: _____

(a) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

14907 SR 60 E

Lake Wales FL 33898

1/05/2021

Date of filing/registration in Florida

4.

(b) _____

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

L200000024192

Document number

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

5575 S. SEMORAN BLVD. SUITE 36

Orlando

32822

, FL

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

Jay Patel

W Registered Office Address:

93 Waterford Oaks BLVD

Winter Haven

33884

, FL

limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the changes are made, the Florida street address of the registered office and the business office of the registered agent are identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) is authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the organization or the operating agreement of the limited liability company.

Jay Patel

Member or authorized representative of a member

Printed or typed name of signee

I agree to the appointment as registered agent and agree to act in this capacity. I further agree to comply with the Florida statutes relative to the proper and complete performance of my duties, and I am familiar with and accept my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to effect a change in the registered office address, I hereby confirm that the limited liability company has been notified of this change.

Registered Agent