120000040255

(Requestor's Name)	
(Address)	- } 1
(Address)	•
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	` .
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

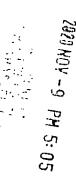
Office Use Only



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nec 15 2020 S. YOUNG



COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	ECT: The Invictus Group (US) LL		
	Nar	ne of Limited Lia	bility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and fo	ee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the fo	llowing:
	Elliot Padfield		
	Name of Person		-
	The Invictus Group		
	Firm/Company		_
202	1 NW 29th St		_
	Address		
Oak	land Park, FL 33311		_
	City/State and Zip Code		
ell.	iotpadfield@invictusinvestmentsgro	oup.co.uk	
E	-mail address: (to be used for future ann	ual report notifica	ition)
For fur	ther information concerning this matter,	please call:	
	Elliot Padfield	at (954 336 9954
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		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

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.

(a)	2021 NW 29th St		(b)	2021 NW 29th	St
(,	Principal office address of limited liability co (Note: MUST BE STREET ADDRES		_	-	s of limited liability company: **BE POST OFFICE BON**)
	Oakland Park			Oakland Park	
	FL 33311		_	FL 33311	
	02/03/2020			L200000402	\$5
	Date of filing/registration in Florid	a	4.	Document r	number
(a)	VEALE, RICHARD				
(11)	Registered Agent and Registered Office shown on the	e records of th	ie Florida Dept.	of State:	26
	600 NORTH THACKER AVENUE				
	Registered Office Address (MUST BE FLORID:	1 STREET A	DDRESS)		Z020 NOV 02025
	SUITE D40				0 7
	Kissimmee	FL_	34741		P 111
(b)	Jessica Kane Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered (Office address:		
	2021 Nw 29th St				
	NEW Registered Office Address:				
	Oakland Park		33311		
		FL_			
nge nt w /we	mited liability company is not organized und or changes are made, the Florida street addr fill be identical. Or, in the case of a Florida re authorized by an affirmative vote of the needs of organization or the operating agreements.	ress of the r limited liab nembers of	egistered off pility compar the limited l	ice and the busines by, it is hereby contiability company of ty company.	is office of the registered firmed that the change(s) is a otherwise provided in
areat	ure of a member or authorized representative of a men	nhar	Elliot Padfield Printed or typed name of signee		
erek visio	ry accept the appointment as registered ager ons of all statutes relative to the proper and gations of my position as registered agent a ly reflect a change in the registered office a	it and agre	erformance a	is capacity. I furth of my duties, and I	er agree to comply with a am familiar with and acc

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00