

h20 000122 115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

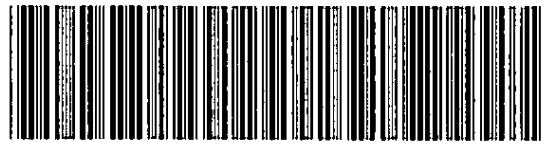
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 SEP 12 AM 10:54

SEAL OF THE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: In-O-Vations USA 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:

Jane Baker
Name of Person

In-O-Vations USA
Firm/Company

3732 Bengal Rd
Address

Gulf Breeze, FL 32563
City/State and Zip Code

sales@in-o-vationsusa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jane Baker at (850) 516 3316
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2022

JANE E BAKER
3732 BENGAL ROAD
GULF BREEZE, FL 32563

SUBJECT: IN-O-VATIONS USA LLC
Ref. Number: L20000122115

We have received your document for IN-O-VATIONS USA LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was sent. I am enclosing the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 922A00017256

SEP 12 2022

**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: In-0-nations USA LLC

2. (a) 3732 Bengal Rd (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)

Gulf Breeze, FL 32563

3. 09/02/2022 4. L20000122115
Date of filing/registration in Florida Document number

5. (a) _____ AF1813051601
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

REGISTERED AGENTS INC.

7901 4TH ST N

FLORIDA STREET ADDRESS

STE 300

ST. PETERSBURG, FL 33702

(b) Jane Baker

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

3732 Bengal Rd.

NEW Registered Office Address:

Gulf Breeze, FL 32563

_____, FL _____

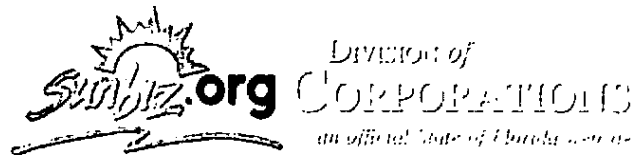
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.

Jane E. Baker
Signature of a member or authorized representative of a member

Jane E Baker
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.

Jane E. Baker
Signature of Registered Agent



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Document Number](#) /

Detail by Document Number

Florida Limited Liability Company
IN-O-VATIONS USA LLC

Filing Information

Document Number L20000122115
FEI/EIN Number 85-1041815
Date Filed 05/05/2020
State FL
Status ACTIVE
Last Event LC AMENDMENT
Event Date Filed 01/20/2021
Event Effective Date NONE

Principal Address

3732 BENGAL ROAD
GULF BREEZE, FL 32563

Mailing Address

3732 BENGAL ROAD
GULF BREEZE, FL 32563

Registered Agent Name & Address

REGISTERED AGENTS INC.
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702

Authorized Person(s) Detail

Name & Address

Title AMBR

BAKER, JANE
3732 BENGAL ROAD
GULF BREEZE, FL 32563

Title AMBR

BAKER, JON
3732 BENGAL ROAD
GULF BREEZE, FL 32563