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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | |
|--|---|--|--|--|--|--|--|
| SUBJECT: Izaleya LLC | | | | | | | |
| Na | me of Limited Liability Company | | | | | | |
| Dear Sir or Madam: | | | | | | | |
| The enclosed Registered Agent/Registered O | ffice Change and fee(s) are submitted for filing. | | | | | | |
| Please return all correspondence concerning t | this matter to the following: | | | | | | |
| Ronald F. Fallows Name of Person | | | | | | | |
| Izaleya LLC | | | | | | | |
| Firm/Company | | | | | | | |
| 903 Lake Lily dr. Ap | t A116 | | | | | | |
| Address | | | | | | | |
| Mai Haud FL 3276 City/State and Zip Code | 51 | | | | | | |
| Connie. fallous @ gr E-mail address: (to be used for future ar | | | | | | | |
| For further information concerning this matte | r, please call: | | | | | | |
| Ronald F Fallows III Name of Person | at (321) 460-4445 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 | | | | | | |

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.

| 1. Na | ume of the limited liability company: Izaleya | LC_ | | | | | |
|------------------------------|---|---|---|--|--|------------------------------------|---|
| | 903 Lake Liter ds. Apt A116 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (b) | 903 L | Ake Lily Mailing addre | s of limited l | iability | company: |
| | Maitland FL. 32751 | . | Mai | Fland | Fh. 3 | 327 | 51 |
| | August 07, 2020 | - | L200 | ×00239 | | | |
| 3. | Date of filing/registration in Florida | 4. TT | | Document | number | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | | Dept. of State | - e: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET. | | | - | ALL AN | 2020 HOV 23 | C LETY G G NELTY |
| | Mastland FL. FL | 325 | 751 | - | RY OF | ω -⊇ | |
| (b) | Registered Agents Inc. | | | _ | | ₹ 3: -(| O |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office add | <u>ress</u> : | | 7-7 | _ | |
| | 7901 4th St N | | | _ | | | |
| | NEW Registered Office Address: STE 300 | | <u> </u> | _ | | | |
| | St. Petersburg , FI | 33702 | | _ | | | |
| the cha agent v was/we | limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | f the regist lability cor of the limi | tered offic mpany, it i ted liabilit | e and the buis hereby co ty company | isiness offi nfirmed th | ice of at the wise | the registered change(s) provided in |
| Signa | nture of a member or afthorized representative of a member | | | | ped name of | | |
| provisi the obt to mer | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I dim writing of this change. | ree to act i performa d for in C hereby co | in this cap ince of my hapter 60: nfirm that | pacity. I fur duties, and 5, F.S. Or, the limited | ther agree I am famil if this docu liability co | to cor iar wi iment ompan | nply with the ith and accept is being filed y has been |

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent