## L21000147280

(Requestor's Name)			
(Address)	100367		
(Address)			
(City/State/Zip/Phone #)	05/28/21-		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer			
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## **CORPORATE**

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WALK IN

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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:	igs LLC				
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)				
3.	April 7, 2021  Date of filing/registration in Florida	L.21000	Document number			
5. (a)	Dale Hersowitz  Registered Agent and Registered Office shown on the records of a 2665 South Bayshore Drive	he Florida Dept. o	f State:			
	Registered Office Address (MUST BE FLORIDA STREET A Suite 220-95	ADDRESS)	<del></del> 	2021 H		
	Miami, FL	33131	77.	2021 MAY 26		
(b)	Bolanos Truxton PA  Enter name of NEW Registered Agent and/or NEW Registered	Office address:	SSE	AM 10: 34		
	12800 University Drive  NEW Registered Office Address:	<u>.</u>	 	34		
	Suite 350		<u> </u>			
	Fort Myers, FL_	33907	<u> </u>			
igent w	mited liability company is not organized under the law or changes are made, the Florida street address of the reill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the li	cgistered office pility company, the limited link	it is hereby confirmed that the	registered		
الريادة الأكار		Dale Hersow	itz			
I hereb provision he obligo mereb notified	ore of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete positions of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	for in Chapter ( ereby confirm th	Printed or typed name of signed capacity. I further agree to come to duties, and I am familiar with the first occument of the limited liability compands	mply with the		

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