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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	INTERNAL INVESTING CENTER	RLLC				
Name of Limited Liability Company						
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Of	fice Change and fe	ee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the fo	flowing:			
LOVEI	TE DOBSON					
	Name of Person	· · · · · · · ·	_			
INCFIL	E.COM LLC					
	Firm/Company	······································	-			
17350 S	TATE HWY 249 #220					
	Address		-			
HOUST	ON, TX. 77064					
	City/State and Zip Code		_			
EFILEI	234@INCFILE.COM					
E	-mail address: (to be used for future and	nual report notific	ation)			
For fur	her information concerning this matter	, please call:				
LOVET	TE DOBSON	888 at (462-3453			
	Name of Person	a. (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	g amount:				
	■ \$25 Filing Fee	□ \$ 55	Filing Fee & Certified Copy			

NHS18 (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,

	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1265 PARK ST		(-)	Mailing addre	ess of limited liability company	
•	1265 PARK ST			(<u>Note: MA</u>	IY BE POST OFFICE BOX)	:
•				1265 PARK ST		
(CLEARWATER, FL 33756		(CLEARWATER, FL 3	33756	
-	05/07/2021		L	21000213646		
	Date of filing/registration in Florida	4.		Document	number	
(a) _	Registered Agent and Registered Office shown on the records of	of the Flor	ida D	Dept. of State;		
	LEGALINC CORPORATE SERVICES INC.					
•	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)			
	5237 SUMMERLIN COMMONS SUITE 400				2022 SE(
	FORT MYERS, F	L_33907	-	 	2022 HAY 19 PH SECRE JARY OF	ı
-					HART IS	1
(b) _					PH PH	
ł:	Enter name of NEW Registered Agent and/or NEW Registere	d Office	<u>addr</u>	ess:	2: 52 STATE E. FL	ľ
	Lucas Roberts				7. 52	
Ì	NEW Registered Office Address:					
-	1265 Park Street					
I	Clearwater	33756				
- 	, r	L	<u> </u>			
ie lin nge c	nited liability company is not organized under the labor changes are made, the Florida street address of the	ws of the	ie St	ate of Florida, it is he	ereby confirmed that afte	r th
111 44.1	in be identical. Or, in the case of a Florida limited I	iability d	com	nany lit is hereby cor	nfirmed that the change/c	`
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	e authorized by an affirmative vote of the members les of organization or the operating agreement of the	or the n	ımıte	M liability company .	or as otherwise provided	in
h	ica Roberto			Roberts		
gnatur	re of a member or authorized representative of a member			Printed or ty	ped name of signee	
ereby visiói oblig	e accept the appointment as registered agent and ag ns of all statutes relative to the proper and complete ations of my position as registered agent as provide y reflect a change in the registered office address, I in writing of this change.	ree to ac perform d for in hereby	ct in mand Cho conf	this capacity. I furt ce of my duties, and i upter 605, F.S. Or, i irm that the limited l	her agree to comply with I am familiar with and ac f this document is being f iability company has hee	the cep lea n
ierely fied i	or writing of this change.				money company ness see	