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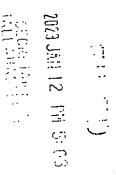
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Office Use Only



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December 20, 2022

RACHAEL HURLEY 5237 SUMMERLIN COMMONS BLVD UNIT 395 FT. MYERS, FL 33907 US

SUBJECT: ISLAND INSPIRED CO, LLC

Ref. Number: L21000438061

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Mum

Letter Number: 922A00028449

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Island Inspired (Name of Li	(o. LLC
Name of Li	miled Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Rachael Hurley Name of Person	
Name of Person	<del></del>
Firm/Company	
5237 Summerlia Commons Bl	wd. #395
Fort Myers, FL 33907 City/State and Zip Code	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Rachael Hurley at (	239 ) 770 -1735  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 amoun	t:
\$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	me of the limite	ed liability compa	ny:	land	Ing	spired	(o. U	<u>C</u>			
2. (	(a)					_ (b	<i>a</i> )					
,	.**/ -	( <u>Not</u>	office address of limite	ET ADDRESS)	•			-	dress of limit WAY BE PO			•
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		Fort	myers, Fi	33907		-				· •		<u> </u>
		10	16/2021				L2	10004	38041			
3.		Date o	f filing/registratio	n in Florida		4.		Docume	nt number	•		
5.	(a)	Ashla	1 Shaw									
	()		and Registered Office	shown on the rec	ords of the	: Florida	Dept. of St	ate:				
		Registered Office	Address (MUST E	BE FLORIDA ST	REET AD	DRESS	<u></u>	_				
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		Rachael	Hurlen								~ .	
(	(b)		W Registered Agent	andler NEW Dec	istaend ()	(figured	elence:	<del></del>			2023 JAN	
		tante name of Mas	W Registered Agent	and or the states	istereu O	nice au	uress.			= :::	J.A.	•
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		NEW Registered	Office Address:					_		· ·	$\sim$	
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		62	<b>200</b>			220	40			•	<u></u>	
		1044	myers		, FL	3390	0 (	<del></del>				<b>@</b>
If th	ie li	mited liability o	company is not org	ganized under	the laws	of the	State of F	lorida, it i	s hereby co	onfirmed	that a	fter the
cha	nge	or changes are	made, the Florida Or, in the case o	street address	of the re	gistere	ed office a	nd the bus	iness offic	e of the	register	red
was	/we	re authorized b	y an affirmative v	ote of the men	ibers of i	the lim	ited liabil	ity compai	ny or as otl	mac me herwise	provide	ed in
			tion or the operati			nited li	•					
		Jun 7	authorized representa				1	achael	r typed name			
pro the to n	visio obli <sub>j</sub> iere	y accept the apons of all statute gations of my p ly reflect a cha in writing of th	pointment as regi es relative to the p position as register nge in the register ns change.	stered agent ar proper and con red agent as pr red office addr	id agree ipleie pe ovided f ess, I hei	to act exforma or in C reby co	in this ca ince of my Thapter 60 onfirm tha	pacity. If a duties, and the limites of the limites.	iarther agre nd I am Jan r, if this do ed liability	ee to con niliar wi cument compan	nply wi th and is being v has b	th the accept g filed een
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Sign	natur	e of Registered A	ent									