L22C00019584

(Requestor's Name)							
(0.44)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Charleson Faliba Nama)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



400388880914

09.10/22--0.012--0.21 - +25.00

2022 JUN 10 PM 1: 07

COVER LETTER

TO: Registration Section Division of Corporations	
Stable Genus LLC SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Victoria Padron	
Name of Person	
ZenBusiness Inc.	
Firm/Company	
336 E. College Ave. Suite 301	
Address	
Tallahassee, FL 32301	
City/State and Zip Code	
fulfillment@zenbusiness.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, pl	lease call:
Victoria Padron	844 493-6249 at ()
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 as	mount:
□ \$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 limited liability company:	IUS LLC					
2. (a)	3122 CHARLES MACDONALD DR.		(b) 3122 CH	ARLES MACDONAL	DDR.		
£. (L)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS			y:
	SARASOTA, FL 34240		SARASO	TA, FL 34240			
	01/10/2022		L22000019	884			
3.	Date of filing/registration in Florida	4.	-	Document number			
5. (a)	STOTTLEMYER, SETH N						
J. (u)	Registered Agent and Registered Office shown on the records	of the Flori	da Dept. of Stat	e:	S	20	
	3122 CHARLES MACDONALD DR.				Z.C.	22 J	£3652
	Registered Office Address (MUST BE FLORIDA STREE	-	LAH	2022 JUN 10			
	SARASOTA ,	FL_34240		-	ASSET	PK	
(b)	ZenBusiness Inc.	_		_		1: 07	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office	nddress:		• '		
	336 E. College Ave. Suite 301						
	NEW Registered Office Address:			_			
	Tallahassec,	FL 32301		_			
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member cles of organization or the operating agreement of the street in the control of the control o	he registe liability of s of the li he limited	red office an company, it i mited liabilit l liability con	d the business office s hereby confirmed by company or as oth npany.	e of the re that the c	gistere hange(ed s)
/s/ Signal	eth Stottlemyer ture of a member or authorized representative of a member	Se	th Stottlemyer	Printed or typed name	of signee	. <u> </u>	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and a cons of all statutes relative to the proper and completigations of my position as registered agent as providing reflect a change in the registered office address, in writing of this change.	ngree to a de perfon ded for in I hereby	ct in this cap nance of my Chapter 605 confirm that		-	oly with and a being has be	h the sccept filed en