

L22000027415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

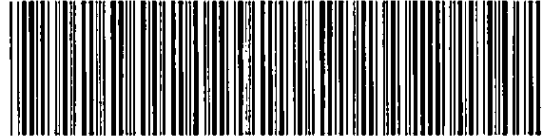
and Copies _____

Certificates of Status _____

Additional Instructions to Filing Officer:

Office Use Only

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RECEIVED
2023 FEB 17 PM 2:24
DIRECTOR'S OFFICE
TALLAHASSEE, FLORIDA
FILED
2023 FEB 17 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FL

2/23/2023

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 2/17/2023

NAME: INKACORP LLC

TYPE OF FILING: STATEMENT OF CHANGE

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE





FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2023

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: INKACORP LLC
Ref. Number: L22000027415

RECEIVED
2023 FEB 22 PM 1:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for INKACORP LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 223A00004081

Please Keep Original Filing Date
Thank you

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. Name of the limited liability company: INKACORP LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 01/12/2022 Date of filing/registration in Florida

4. L22000027415 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
CARLA MARCELO

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2385 NW EXECUTIVE CENTER DR.

BOCA RATON, FL 33431

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Florida Filing & Search Services, Inc.

NEW Registered Office Address:

155 Office Plaza Drive, Suite A

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kai Single

KAI SINGLE

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent