## Led alessand

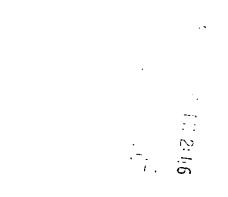
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Special instructions to 7 ming Officer.							
<u> </u>							

Office Use Only



300426213803

03/26/24--01032--002 \*\*25.00



07/26/24

## 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.

2. (a)			(b)				
<u>. (u)</u>	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )	<del></del>	(0)	-		d liability company: T OFFICE BOX)	
	417 W. 81st Ave. # 520		417 W	7, 81st Ave. #520			
	Merrillville, IN. 46410	_	Merril	lville, IN, 46410			
	02/19/2024		1.24000	086371			
3.	Date of filing/registration in Florida	- 4.		Document nu	mber		
5. (a)	Tracey Kennedy 417W 81st Ave. #520 Merrilleville, IN. 4	46410					
). (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of	State:			
	Innovative Pipeline Systems LLC						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>SS)</u>	<del></del>			
	3650 Enso Way, #10205						
	Jacksonville F1	32224					
			-	<del></del>			
(b)	Thomas Kennedy					•	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	Innovative Pipeline Systems LLC						
	NEW Registered Office Address:						
	3650 Enso Way, # 10205			. <u></u>			
	Jacksonville	32224					
	, F.	·					
change igent w was/we	mited liability company is not organized under the lay or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of the of organization or the operating agreement of the	registe ability of the li limited	red office company, mited liab	e and the business it is hereby confit bility company or company.	office rmed tl	of the registered nat the change(s)	
	are of a member or authorized representative of a member		accy (centil	Printed or typed	l name o	ť signee	
Signat	are or a mergioer of authorized representative or a member			• •		-	

## **COVER LETTER**

_	of Corporations					
	wative Pipeline Systems LLC					
3003t.CT.	Na	me of Limited I	_iability Company			
Dear Sir or Mada	m:					
The enclosed Reg	gistered Agent/Registered Of	fice Change and	f fee(s) are submitted for f	iling.		
Please return all c	correspondence concerning the	his matter to the	following:			
Tracey Kennedy						
	Name of Person					
Innovative Pipeline	: Systems LLC					
	Firm/Company					
417 W. 81st Ave. #	5520					
	Address		<del></del>			
Merrillville, IN, 46	410					
	City/State and Zip Code	<del></del>		<u> </u>		
twk@inpipesys.com	n			??		
E-mail addr	ess: (to be used for future an	nual report noti	fication)			
For further inform	nation concerning this matter	r, please call:				
Tracey Kennedy		224 at (	436-3618			
	Jame 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	g amount:				
<b>■</b> \$25 Fi	ling Fee	<u> </u>	555 Filing Fee & Certified	Сору		
INHS18 (2/14)						