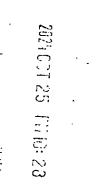
L24000349273

(Requestor's Name)	·····	
(Address)		
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PICK-UP WAIT	MAIL MAIL	
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TALUMINATIVE VEN Name of Limited Lia	ITURES LLC bility Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and for	ec(s) are submitted for filing.		
Please return all correspondence concerning this matter to the fo	ollowing:		
Geralyn A. James Name of Person	_		
THUMINATIVE VENTURES LLC Firm/Company			
12514 Chrasfield Chase Address	_		
Fort Myers, FL 33913 City/State and Zip Code	_		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Geralyn A. James at 949 Name of Person) 547-1493 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 amount:			
□ \$25 Filing Fee	5 Filing Fee & Certified Copy		

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:	IGNIVAES LLC
	12514 Chrasfield Chase (b) Sa	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	FORT MYERS, FL	
	33913	
	$\frac{O8/o9/2024}{\text{Date of filing/registration in Florida}}$	-24000349273
3.		_
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of	<u>ت</u> رخ
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	— 25 55
	Suite 415	<u> </u>
	Hallywood FL 33021	
(b)	Geralyn A. James	<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	12514 Chrasfield Chase	<u> </u>
	NEW Registered Office Address:	
	Fort Myers, FL 33913	<u> </u>
	, FL	
change agent w was/we	imited liability company is not organized under the laws of the State of or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, are authorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability of the members.	and the business office of the registered it is hereby confirmed that the change(s) allity company or as otherwise provided in
Signat	nire of a member or authorized representative of a member	Printed or typed name of signce
provision the oblination to mere	by accept the appointment as registered agent and agree to act in this consoft all statutes relative to the proper and complete performance of the proper of the provided for in Chapter of the proper of the provided for in Chapter of the properties of the chapter of the chapter of the properties of t	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed at the limited liability company has been
Signatu	Maly Jams	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2024

GERALYN A. JAMES 12514 CHRASFIELD CHASE FORT MYERS, FL 33913

SUBJECT: ILLUMINATIVE VENTURES LLC

Ref. Number: L24000349273

Please see The attached Corrected form. Thank you.

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

The form you submitted is for a STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTHL FORCORPORATION, but your entity is a STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF BOTH FOR LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler Regulatory Specialist I

Letter Number: 224A00022422

I have enclosed an additionar Check for \$20 - this totals \$55 for the Filing Fee & Cartified Copy.

Thank Yore

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