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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Ideal Brands Ltd LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Deborah L Kriner

Name of Person

# Ideal Brands Ltd LLC

Firm/Company

1061 E Indiantown Road, Suite 500

Address

Jupiter, FL 33477

City/State and Zip Code

# DKriner@idealteam.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DeborahLKriner@idealteam.com

at (\_561

472-0232

Name of Person

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

### Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 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 608.416 or 608.508, 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: ||Ideal Brands Ltd LLC||

2. (a) Principal office address of limited liability con	nnany: 1061 E Indiantown Road, Suite 500	<u> </u>	201	
(Note: MUST BE STREET ADDRESS)	Jupiter, FL 33477			
(b) Mailing address of limited liability company:	1061 E Indiantown Road, Suite 500		<del>102</del> -5	<u> </u>
(Note: MAY BE POST OFFICE BOX)	Jupiter, FL 33477			Ī
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<ul><li>3. Date of filing/registration in Florida</li><li>5. (a) Registered Agent and Registered Office shown Registered Agent:</li></ul>	4. Document number	ept. of Sta	<del>ा</del>	
5. (a) Registered Agent and Registered Office shows	4. Document number non the records of the Florida Do	ept. of Sta	<del>ा</del>	
5. (a) Registered Agent and Registered Office shows	4. Document number n on the records of the Florida Do  Deborah Kriner  1201 US Hwy One, Suite 350A	ept. of Sta	<del>ा</del>	
5. (a) Registered Agent and Registered Office shows Registered Agent:	4. Document number n on the records of the Florida Do	ept. of Sta	<del>ा</del>	
5. (a) Registered Agent and Registered Office shows Registered Agent:	4. Document number n on the records of the Florida Do  Deborah Kriner  1201 US Hwy One, Suite 350A  North Palm Beach, FL 33408		<del>ा</del>	
5. (a) Registered Agent and Registered Office shows Registered Agent: Registered Office Address:	4. Document number n on the records of the Florida Do  Deborah Kriner  1201 US Hwy One, Suite 350A  North Palm Beach, FL 33408		<del>ा</del>	
<ul> <li>5. (a) Registered Agent and Registered Office shows Registered Agent: Registered Office Address: </li> <li>(b) Enter name of <u>NEW Registered Agent</u> and/or</li> </ul>	4. Document number n on the records of the Florida Do  Deborah Kriner  1201 US Hwy One, Suite 350A North Palm Beach, FL 33408  T NEW Registered Office addre  Deborah L Kriner  1061 E Indiantown Road, Suite 500		<del>ा</del>	

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.

Signature of a member or authorized representative of a member

Rick Ride

Printed or typed name of signee

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I bergot explirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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