## M0200000 3391

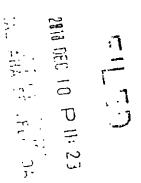
(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

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D. SCOTT JAN 7 2019

## COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations							
Inflexion Capital, LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office	re Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this	matter to the following:						
James Boyle							
Name of Person							
Inflexion Partners LLC							
Firm/Company	- PEC	17					
320 Remington Drive	THE DEC TO	•					
Address		-					
Oviedo, FL 32765	P II: 23						
City/State and Zip Code	· ·						
jboyle@inflexionvc.com							
E-mail address: (to be used for future annua	al report notification)						
For further information concerning this matter, pl	lease call:						
James Boyle	407 808-0874						
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 an	mount:						
□ \$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 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: Inflexion Capi	ital, LL(		
2. (a)	320 Remington Drive	(l:	320 Rer	mington Drive
(,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Oviedo,FL 32765	<del></del>	Oviedo,	FL 32765
	12/18/2002		M020000	03391
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Corporation Service Company			
. (w)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State	- e:
	Registered Office Address  1201 Hays Street	ADDRESS	<u> </u>	2310 DEC
	Tallahassee . FL	32301-	-2525	5 7
(b)	Enter name of NEW Registered Agent and/or NEW Registered  James Boyle  NEW Registered Office Address:	Office ad	dress:	7 = 23 131 23
	320 Remington Drive			
	Oviedo FL	32765		-
the cha agent v was/we the arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regisability confirmation of the lim	stered office ompany, it is nited liabilit liability con	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in
I herei provisi the obl to mere notified	ture of a member or authorized representative of a member the Horized Scale of the Horized Scale of the Horized Scale of the Appointment as registered agent and agricus of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if it writing of this change.	ee to act perform d for in ( hereby c		