## 111000002081

(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:				

Office Use Only



300383820543

RAZRO Charles

2022 JUN -8 PH 4: 28

A. RAMSEY
JUN - 9 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: June 08, 2022	Account#: 120000000088
Name: James Brodbeck	
Reference #:1687519	
Entity Name: INNOVATIVE FUNDING SERVICES, L.L.	<u>C.</u>
Articles of Incorporation/Authorization to Transact Busine	ess
Mendment Amendment	
☑ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: \$25.00	
Signature:	

-1.212.947.7200

**EUROPEAN HO** 

## 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. N	Name of the limited liability company: INNOVATIVE FUNDING SERVICES, L.L.C.		
2. (a)	1706 E. NEW HOPE DRIVE	(b)	1706 E. NEW HOPE 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)
	SUITE A		SUITE A
	LEANDER, TX 78641		LEANDER, TX 78641
	4/26/2011		M11000002081
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COM	PANY	
	Registered Agent and Registered Office shown on the records of t	the Florida D	ept, of State:
	1201 HAYS STREET		~2
	Registered Office Address - IMUST BE FLORIDA STREET A	(DDRESS)	202 JUN -8 301
	TALLAHASSEE .FL	323	01 Service From 1981
(b)			
	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u>~</u>
	115 North Calhoun Street, Suite 4		<u> </u>
	NEW Registered Office Address:		
	TallahasseeFL	323	301
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the registe ibility con t'the limite	red office and the business office of the registered apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	/s/Chad Shoemaker		Chad Shoemaker
-	iture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I have in writing of this change.	ee to act in performan I for in Ch iereby con	n this capacity. I further agree to comply with the we of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

/s/ Timothy Mayville

Signature of Registered Agent