

M12000004670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

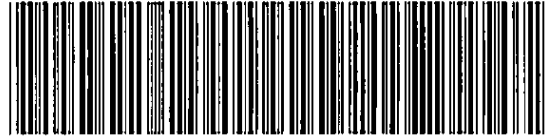
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

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17 JUL 28 AM 8:55

17 JUL 28 PM 3:29

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OFFICE OF THE
CLERK OF THE
SUPREME COURT

JUL 31 2017
O SIMMONS

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 7/28/2017

PRIORITY Routine

OUR REF.# (Order ID#) 586909

ORDER ENTITY
INSTINCTIVE EDGE, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

File the attached change of agent document

NOTES:

\$25.00 Authorized
Email address for annual report reminders: mstops@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in cursive script that reads "Melissa".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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. Name of the limited liability company: INSTINCTIVE EDGE, LLC
2. (a) 5301 North Federal Hwy
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Suite 280
Boca Raton, FL 33487
- (b) 5301 North Federal Hwy
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Suite 280
Boca Raton, FL 33487
3. 8/17/2012
Date of filing/registration in Florida
4. M12000004670
Document number

5. (a) **Agent Resigned**

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b) **Incorporating Services, Ltd.**

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1540 Glenway Drive

NEW Registered Office Address:

Tallahassee, FL 32301

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

Gregory Rispler

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm 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

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17 JUL 28 AM 8:55
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