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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TO APR II AM 8: 9

DEPARTMENT OF STATE

APR 12 2017 J. HARRIS



NCR National Corporate Research (Hong Kong) Limited, a Hong Kong Limited Company

NCR National Corporate Research (UK) Limited, Registered in England and Wales, Registry # 8010712

Albany • Charlotte • Chicago • Dallas • Dover • Los Angeles • New York • Sacramento • Springfield • Tallahassee • Washington, D.C. • Hong Kong • London

	Account#: I2000000088					
Date: 04/11/2017						
Name: Michelle Walker						
Reference #: G032030						
ENTITY NAME: IVY COURT-VERO, LLC						
Articles of Incorporation/Authorization to Transact Busin	ess					
Amendment						
Annual Report						
Change of Agent						
Reinstatement						
Conversion						
Merger						
Dissolution/Withdrawal						
Fictitious Name						
Other:						
Please return a copy of this cover lettter with the evidence. Thanks!						
Authorized Amount: 425	Please call Michelle at 518-213-0737					
Authorized Amount: 425 Signature: M'Chelle Walker	if authorized amount is incorrect.					

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	IVY COURT-VERO, LLC	
		of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
		 _
	Name of Person	·
	Firm/Company	
	Address	
	City/State and Zip Code	
E	-mail address: (to be used for future annu	al report notification)
For fu	rther information concerning this matter, ;	please call:
		at ()
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
	Tallahassee, Florida 32301	Taliahassee, Florida 32314
	Enclosed is a check for the following	
	□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS1	8 (2/14)	

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	ame of the limited liability company: IVY COURT	-VERO,	LLC		·····	
2. (a)	115 N. Calbour Ct. OTE 4	ſ	2034	N CLARK ST		
,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·/	Mailing address of limited liab		
	Tallahassee, FL 32301		CHIC	<i>(Nate: MAY BE POST OF</i> AGO, IL 60614	<u>FIVE BUX</u>	V
			011107	A00, IC 00014		
						
_	01/26/2015		M1500	00000630		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)				_		
	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept. of S	State:		
	Registered Office Address MUST BE FLORIDA STREET	ADDRES	<u> </u>	_		
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION , F.	_L 33324			17 A	اران المراق المراقع المراقع المراقع
(b)	National Corporate Research, Ltd., Inc.				APR I	出版 <u>コ</u>
(-)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dren:		*****	277
					5	##0 ##2
	NEW Registered Office Address:				€0	おが、
٠	F	· — · · · · · · · · · · · · · · · · · ·		_		
the chagent was/w the art	limited liability company is not organized under the later ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	aws of the reginability of the limited	stered off ompany, i nited liabi liability o	fice and the business office it is hereby confirmed that the litty company or as otherwisempany. Vilario, Africa - iv	of the reg the change se provide	gistered e(s)
	ature of a member or authorized representative of a member			Printed or typed name(df sig		
I here provis the ob- to mer notifle	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	ree to ac e perform ed for in hereby c	! in this c ance of n Chapter (onfirm th	apacity. I further agree to by duties, and I am familiar to 55, F.S. Or, if this docume at the limited liability comp	comply w with and int is bein any has l	ith the accept g filed been
Signati	ure of Registered Agent Of NO	ecretic R	بهبه			
	Division of Cornerationse P.O.	Box 632'	7a Tellel	195900 FI . 32314		

FILING FEE: \$25.00