M1500000 8751

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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SECRETARY OF STATE :

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 155625 7728906 AUTHORIZATION COST LIMIT ORDER DATE: January 28, 2020 ORDER TIME : 10:50 AM ORDER NO. : 155625-025 CUSTOMER NO: 7728906 CHANGE OF AGENT NAME: ID&C (US) LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Kadesha Roberson

EXAMINER'S INITIALS:

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | |
|---|--|--|--|--|--|--|--|
| ID&C (US) LLC SUBJECT: | | | | | | | |
| | f 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 m | latter to the following: | | | | | | |
| | | | | | | | |
| Name of Person | | | | | | | |
| | | | | | | | |
| Firm/Company | | | | | | | |
| rinin Company | | | | | | | |
| | | | | | | | |
| Address | | | | | | | |
| | | | | | | | |
| City/State and Zip Code | | | | | | | |
| | | | | | | | |
| E-mail address: (to be used for future annual i | report notification) | | | | | | |
| For further information concerning this matter, plea | ise call: | | | | | | |
| a | t() | | | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | | | | | |
| Registration Section | Registration Section | | | | | | |
| Division of Corporations | Division of Corporations | | | | | | |
| Clifton Building | P.O. Box 6327 | | | | | | |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | |
| □ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | | | | | | |
| NHS18 (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. | Na | me of the limited liability company: ID&C (US) t | LLC | | | |
|----------------|------------------|--|---------------------------------------|---|---|---|
| 2 (2 | ۱, | 6935 15TH STREET EAST | | (b) | 111 Go | ordon Baker Road |
| ۵. رو | •, . | Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) | : | _ (0) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | SUITE 110 | | | Suite 801 | |
| | | SARASOTA, FL 34243 | , | | Toronto, | ON M2H 3R1, Canada |
| | | 11/02/2015 | | _ | M1500000 | 0875 ~· |
| 3. | | Date of filing/registration in Florida | | 4. | | Document number |
| 5. (a | a) | INCORPORATING SERVICES LTD | | | | |
| | | Registered Agent and Registered Office shown on the records | s of the | Florida I | Dept. of State | · ~ ~ ~ |
| | | 1540 GLENWAY DR | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREE | ET AD | DRESS) | | · · · · · · · · · · · · · · · · · · · |
| | | | | | | निर्देश क |
| | | TALLAHASSEE | FL | 32301 | | 31 72E |
| | | | | | | |
| (b |) _ | Corporation Service Company | | | | |
| |] | Enter name of NEW Registered Agent and/or NEW Register | red Of | lice addr | ess: | |
| | | 1201 Hays Street | | | | |
| | | NEW Registered Office Address: | | _ | | |
| | | NEW INSIDIES OTHER AUGUSS. | | | | |
| | • | | <u> </u> | | | |
| | | Tallahassee | FL 3 | 32301 | | |
| agent was/w | ıan wi ver | nited liability company is not organized under the ge or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limited e authorized by an affirmative vote of the members less of organization or the operating agreement of the street of the stree | of the liabil s of th | registe ity com le limite lited lial | ered office a pany, it is a d liability | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. |
| Sign | atur | re of a member or authorized representative of a member | | | | Printed or typed name of signee |
| the ob | lig el) | vaccept the appointment as registered agent and a ns of all statutes relative to the proper and comple ations of my position as registered agent as provid y reflect a change in the registered office address, in writing of this change. | igree i de per ded fo I here | r in Che by conf | this capac ce of my di apter 605, firm that th | city. I further agree to comply with the tties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been |
| | _ | | | L 4 | Lydia Co Asst. Vice Pre | hen |
| Signati | nfo. | of Registered Agent Corporation Service Company | / B | Y: | ice Me | plaent |