M16000003343

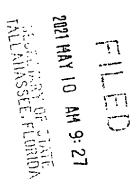
(Requestor's Name)				
(Address)				
(.a.a.o.o.)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300365427583

95/10/21--01017--030 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		•		
Division of Corporations				
INSPIRED PROPERTY SOLUTIONS SUBJECT:	FIONS TEAM, LLO	C		
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change an	nd fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to th	c following:		
D. Torres				
Name of Person				
name of Person				
Nevada Corporate Headquarters				
Firm/Company				
1450 Vassar St.				
Address		 _		
Reno. NV 89502				
City/State and Zip Coc	le			
dtorres@nchinc.com				
E-mail address: (to be used for future	annual report not	ification)		
For further information concerning this mat	tter, please call:			
Desirae Torres	800 at (542-2077		
Name of Person		Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

■ \$25 Filing Fee

Enclosed is a check for the following amount:

☐ \$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.

. N	ame of the limited liability company: INSPIRED PROF	PERTY SOLUT	TIONS TEAM, LLC
(a)	4153 Winners Cir. Apt. 311, Sarasota, FL 34238	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/04/2021	M160	000003343
	Date of filing/registration in Florida	4.	Document number
(a)	Registered Agents Inc.		
` '	Registered Agent and Registered Office shown on the records of 7901 4th St N.	the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET . STE 300	4DDRESS)	
	St. Petersburg , FL	33702	
(b)	NCH Registered Agent		202
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	2021 HAY
	390 North Orange Ave.		<u> </u>
	NEW Registered Office Address:		
	Ste.2300-N		[S] 9.
	Orlando FL	32801	O AM 9: 27 SEE FLORIDA
nt w s/we.	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization of the operating agreement of the limited liability.	registered offi bility company f the limited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
ignati	pre of a member or authorized representative of a member		Printed or typed name of signee
ereb visio oblig perei (f)ed	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a offange in the registered office address, I him writing of this change.	ve to act in this verformance of for in Chapte, vereby confirm	
,114(11)	. or regiscipa rigem		
	Division of Corporations • P.O. B.	ox 6327• Tal	lahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)