M17000000 923

	Requestor's Name)	<u></u>			
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PICK-UP	WAIT	MAIL			
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Certified Copies	Certificates of	Status			
Special Instructions	to Filing Officer				
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Office Use Only



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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Divi	sion of Corporations				
eum iect.	SPARK I/T Services LLC Name of Limited Liability Company				
SUBJECT:					
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.		
Please return	all correspondence concerning	g this matter to th	ne following:		
Eric Conklin					
<u>.</u>	Name of Person				
SPARK I/T S	Services LLC				
_	Firm/Company				
1980 N. Atlar	ntic Ave. #328				
	Address				
Cocoa Beach.	, FL 32931				
	City/State and Zip Coc	le			
eric@sparkse					
E-mail	address: (to be used for future	annual report no	tification)		
For further is	nformation concerning this mat	ter, please call:			
Eric Conklin		321 at (794-9500		
	Name of Person		Area Code & Daytime Telephone Number		
	iling Address:		Street Address:		
_	istration Section		Registration Section		
	ision of Corporations		Division of Corporations		
=	. Box 6327		The Centre of Tallahassee		
Tall	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	losed is a check for the follow	ing amount:			
□ \$	25 Filing Fee		\$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.

(a)	1980 N. Atlantic Ave	(b) 105 N. You		
(4)	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 328			
	Cocoa Beach, FL 32931		Muskogee.	OK 74403
	1/30/2017		M170000009	923
	Date of filing/registration in Florida	4.		Document number
(a)	Eric Conklin			L)
(a)	Registered Agent and Registered Office shown on the record	ds of the Flori	da Dept. of State	201. 3 1. 3
	1707 Elm St			
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRE.	<u>5.5</u>)	. 10
	Suite E			- - 22
	Rockledge	. FL 32955		ڣ
(1.)	Eric Conklin (no change)			- -
(b)	Enter name of NEW Registered Agent and/or NEW Registered Agent	tered Office :	address:	-
	1980 N. Atlantic Ave	- <u></u>		_
	NEW Registered Office Address:			
	Suite 328			-
	Cocoa Beach	, FL_32931		

the articles of organization or the operating agreement of the limited liability company.

Exic Condlin

Signature of a member or authorized representative of a member

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

Contlin