Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003131563)))



H210003131563ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC Account Number : I20150000127 Phone : (800)567-4397 : (800)567-4398 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: RHONDA.BISHOP@IPIPATRIOTS.CO

## LLC REGISTERED AGENT CHANGE INDUSTRIAL PROJECT INNOVATION LLC

0
0
01
\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



(((H21000313156 3)))

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SURT	INDUSTRIAL PROJECT INN	NOVATION LLC					
Name of Limited Liability Company							
Dear S	ir or Madam;						
The en	closed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning thi	is matter to the following:					
Rhon	da Bishop						
	Name of Person						
INDU	STRIAL PROJECT INNOVATION	ILLC					
	Firm/Company	<del></del>	٠				
7660	Pelham RoadSuite B						
	Address						
Green	nville , SC 29615						
	City/State and Zip Code						
rhond	la.bishop@ipipatriots.com						
E	-mail address: (to be used for future annu	ual report notification)					
For fur	ther information concerning this matter,	please call:					
Georg	gina Vega	800 567-4397					
	Name of Person	Area Code & Daytime Telephone Num	ber				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:							
	☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy					
INHS18	8 (2/14)						

(((H21000313156 3)))

## (((H21000313156 3))) 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: INDUSTRIA	AL PROJ	ECT INNO	VATION LLC
(,	Principal office address of limited liability company:  (Note: MUST SE STREET ADDRESS)	<u> </u>	)	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7660 Pelham RoadSuite B.		7660 Pel	ham RoadSulte B.
	GREENVILLE, SC 29615	····	GREEN	/ILLE, SC 29615
	03/18/2019		M1900000	)2984
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (-,	Registered Agent and Registered Office shown on the records	of the Plorid	a Dept. of State	
	C T CORPORATION SYSTEM			PACCIONAL F
	Registered Office Address (MUST BE FLORIDA STREE	TADDRES	<u>S)</u>	
	1200 SOUTH PINE ISLAND ROAD			FILE G 20
	PLANTATION	FL 33324		
				AM II: 09
(b)	Enter name of NEW Registered Agent and/or NEW Register			
	Enter name of NEW Registered Agent and/or NEW Register	red Office as	ldress:	ž. <b>G</b>
	URS AGENTS, LLC			
	NEW Registered Office Address:			
3458 LAKESHORE DRIVE				
	TALLAHASSEE	<sub>FL</sub> 32312		
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regi liability co of the lin	stered office ompany, it is nited liability liability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signa	ture of a member or authorized representative of a member			evin Ball Printed or typed name of signee
I here provisi the obli to mer notified	by accept the appointment as registered agent and a conso of all statutes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, it in writing of this change.  Georgina Vaga, Asst. Secretary	gree to ac le perform led for in ( I hereby c	t in this capa ance of my d Chapter 605, onfirm that th	city. I further agree to comply with the tiles, and I am familiar with and accept F.S. Or, if this document is being filed se limited liability company has been
Signatu	re of Registered Agent			