



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.

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To:							
10.	Division of (Corporations					
	Fax Number	: (850)617-6383					
From:							
	Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000062						
		: (888)705-7274					
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Innventure LLC

Name of 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 matter to the following:

Zachary Ysais

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

Address

Austin, TX 78735

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person	Area Code & Daytime Telephone Numbe
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 32314
Tallahassee, Florida 32301	

□ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (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	ame of the limited liability company: Innventu	ure LLC			
2. (a)	5950 Hazeltine National Drive	e _(b) 5950 Hazeltine N	ationa	ai C	Drive
(,	Principal office address of limited fiability company:	Mailing address of limit (Note: MAY BE PO		•	-
	(<u>Note: MUST BE STREET ADDRESS</u>) Suite 650	Suite 650	<u>ST UFFIÇ.</u>	<u>r du</u>	9
			2001	20	
	ORLANDO, FL 32822	ORLANDO, FL	3284	22	<u>-</u>
	10/1/2019	M19000009408			
3.	Date of filing/registration in Florida	4. Document number			
5. (a)	CORPORATION SERVICE	COMPANY			
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:			
	1201 HAYS STREET				
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>			
	TALLAHASSEE	32301-2525			
	H			20;	
(b)	Registered Agent Solutions	, Inc.		2022 HAR	
	Enter name of NEW Registered Agen1 and/or NEW Registered	1 Office address:		АЯ -	<u>در</u> بر
	155 Office Plaza Dr.			Hd 1-	AND ILEO
	NEW Registered Office Address:			ن ي ي	
	Suite A			: 37	
	Tallahassee	32301	-	-	
If the l the cha	imited liability company is not organized under the la ange or changes are made, the Florida street address o	ws of the State of Florida, it is hereby c f the registered office and the business of	onfirmed office of t	that he re	after gistered

agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Neal Renuart /s/ -

Neal Renuart

Authorized Person

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 my filed in writing of the property office address. notified in writing of this change.

Hoceans	TUN	Mackenzie Hart,	Asst Secretar	y

Signature of Registered Agent

Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314 **FILING FEE: \$25.00**