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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086

Phone : (561)508-5033

Fax Number

: (561)694-1639

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

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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: INV Performanc	e Materia	is, LLC				
2. (a)	4123 E 37 ST N	(b) 4123 E 37	7 ST N			
`,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	WICHITA, KS 67220	-	WICHITA	A, KS 67220			
	09/28/2020		M20000008	8468			
3.	Date of filing/registration in Florida	4.		Document numb	ist		
5. (a)	C T CORPORATION SYSTEM						
` ,	Registered Agent and Registered Office shown on the records of 1200 S PINE ISLAND RD	the Florid	a Dept. of State	- e:	*	2021	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	<u> </u>	1821 JUL 13	
						<u> </u>	71
	PLANTATION	33324	-	-	1000000000000000000000000000000000000		<u>~</u> ~
(b) .	United Agent Group Inc. Enter name of NEW Registered Agent and/or NEW Registered		dress;	-	PLOPING.	AM 9: 51	
	801 US Highway 1						
	NEW Registered Office Address:			-			
	North Palm Beach , FL	33408		-			
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registere ability co of the lim	ed office and mpany, it is ited liability	the business offi hereby confirmed company or as of	ice of the red that	registered	i)
	all Salle	Erin	Saville, Acco	rney-In-Pact			
	ute of a member to authorized representative of a member			Printed or typed nan	•		
I hereb provision the obli to mere notified	ly accept the appointment as registered agent and agreems of all statutes relative to the proper and complete is gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	performa I for in C ereby co	ince of my d hapter 605, infirm that th	hities, and I am fa F.S. Or, if this a he limited liability	ree to con miliar wit locument i y company	iply with i th and acc is being fi v has beer	the cept led n
Signatur	e of Registered Agent	an, 3pe	ulai decreța	ary			