M21000000945

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

Office Use Only



400413697254

FILED
2023 AUG 15 AM 9: 49



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT NO.	:	12000000	0195			
		REFERENCE	:	933880	8113949			
		AUTHORIZATION	:	Ospie:	Delevan	ン ン		
		COST LIMIT	:	\$ 25.00	,			
ORDER D	ATE :	August 11, 2023	-					
ORDER T	IME :	1:27 PM						
ORDER N	0. :	933880-083						
CUSTOME	R NO:	8113949						
	- - - -							
CHANGE OF AGENT								
NAME: INMAR SERVICES, LLC								
PLEASE	RETURN	THE FOLLOWING A	S PRO	OOF OF FII	LING:			
XX		FIED COPY STAMPED COPY						
CONTACT	PERSON	J: Eyliena Bake	r					

EXAMINER'S INITIALS:

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: INMAR SERVIC	ES. L	LC			
2	(a)	1 W 4th St Ste 500		(b)	1 W 4th	St Ste 500	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(10)		Mailing address of limited liability (Note: MAY BE POST OFFICE	• •
		WINSTON-SALEM			WINSTO	N-SALEM	
		NC 27101			NC 2710	01	
		01/22/2021		ľ	и2100000	00945	
3.		Date of filing/registration in Florida	4.	_		Document number	 .
5.	(a)						
	(,	Registered Agent and Registered Office shown on the records of the LEGALINC CORPORATE SERVICES INC.	he Flo	rida	Dept, of Sta	ate:	
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DD</u> RI	ESS)		_	
		476 RIVERSIDE AVE.				7, 2	<u> </u>
		JACKSONVILLE FL_	3220	2		TALLAHASSEE,	
						HAS HAS	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered				- <u>::</u> ::	r-
		Enter name of NEW Registered Agent and/or NEW Registered	Office	<u> </u>	ress:	Sign A	
		Corporation Service Company				SIATL FLORIDA	, –
		NEW Registered Office Address:					כ
		1201 Hays Street				_	
		Tallahassee FL_	3230	1		_	
ch ag wa	ange ent v .s/wε	imited 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 lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	egist pility the l	erec con imit	l office an ipany, it i ed liabilit	nd the business office of the re is hereby confirmed that the cl ty company or as otherwise pr	gistered nange(s)
	/5	S/ Frederick Jorgenson	F	rede	erick Jorge	enson, Manager	
	Signat	ture of a member or authorized representative of a member				Printed or typed name of signee	
pre the to	ovisie obli mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I had in writing of this change.	e to c perfor for in ereby	net i mar n Cl ' con	n this cap ace of my aapter 605 firm that	pacity. I further agree to comp duties, and I am familiar with 5, F.S. Or, if this document is the limited liability company	ly with the and accept being filed has been
Sig	znalui	re of Registered Agent					
G	ace	E. Kirby, Asst. Vice President Division of Corporations P.O. B	ox 63	327	Tallaha:	ssee, FL 32314	

FILING FEE: \$25.00