M14000000 445

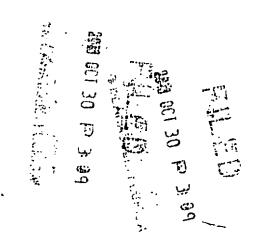
(Re	equestor's Name)							
(Ad	dress)							
(Ad	ddress)							
(Cit	ty/State/Zip/Phone	e #)						
PICK-UP	☐ WAIT	MAIL						
(Bu	rsiness Entity Nar	ne)						
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



500335822765

18/38/19--81811--887 **25.88



81.2 Any



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: October 28, 2019

Order#: 022622-007

Re: IPC LYDON, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

: * 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:	me of the limited liability company: IPC LYDON, LLC	<u>;</u>					
2. (a).	284 Bodwell Street Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	284 Bodwell Street Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Avon, MA 02322	- -	Avon, i	MA 02322			
		01/17/2014	_	M14000	0000445		_	
3.		Date of filing/registration in Florida	4.		Docume	nt numbe	er	
5. (:	a)	NRAI SERVICES, INC						
J. (u)	-,	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of St	ate:			
		1200 SOUTH PINE ISLAND ROAD						
		Registered Office Address (MUST BE FLORIDA STREET AI	DDRESS)		_			
		PLANTATION ,FL_	33324		_	i.i.	9	
41	41.5	Composition Composition Composition						1.7
(b)))	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	ress:		.#~ / E	0C 130	grande Barrene
							Ö	t tran
		1201 Hays Street				· 	U	
		NEW Registered Office Address:			_	L. Frankling	ىي ھ	
		Tallahassee, FL_	32301		_			
the c agen was/	ha t w we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of titll be identical. Or, in the case of a Florida limited liability and possible the authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liability	he regis oility con the limi imited li	ered offi npany, it ted liabil ability co	ice and the tis hereby lity compar ompany.	business confirme ly or as o	office d that	of the registered the change(s)
Sie	nat	ure of a member or authorized representative of a member	JIII C	ilmi, Auti	horized Per Printed o	rson r typed nan	ne of sig	nee
I hei prov the o to me notif	relision	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 have fin writing of this diange	performa for in C ereby co	nce of m hapter 6 nfirm tha	unzwitu 14	urther ag nd I am fa r, if this a ed liabilit	ree to miliar locume ly comp	comply with the with and accept ent is being filed pany has been