

B23 000000253

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : 120100000062
Phone : (888)705-7274
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**REGISTERED AGENT CHANGE
IRIS ASSOCIATES L.P.**

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IRIS ASSOCIATES L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B23000000253

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Alicia Richards

Contact Person

Registered Agent Solutions, Inc.

Firm/Company

Corporate Center One, 5301 Southwest Parkway, Suite 400

Address

Austin, Texas 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:

Alicia Richards

at (888) 705-7274

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATE OF FLORIDA
TALLAHASSEE, FL

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. IRIS ASSOCIATES L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/01/2023 3. B23000000253
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

O'DONNELL, JOHN
Name

612 ARMADA RD S
Address

VENICE, FL 34285-2528
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Registered Agent Solutions, Inc.
Name

2894 Remington Green Ln. Ste. A
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32308
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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.

 Mackenzie Hibler, Assistant Secretary
Signature of Registered Agent

Filing Fee: \$35.00

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SEC. DEPT. OF STATE
TALLAHASSEE, FL