L110000054614

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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SECRETARY OF-STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER SEP 0 6 2011

COVER LETTER

TO:	Registration Section Division of Corporation	ns						
SUB.	JECT:				Property, LLC		_	
		rame or	Lililico	Liaon	пу сотрану			
Dear	Sir or Madam:							
The e	enclosed Registered Agen	t/Registered	Office (Change	and fee(s) are submi	tted for filing.		
Pleas	e return all corresponden	ce concerning	g this m	atter to	the following:			
	Jack L	eoniff			_			
	Name of P	erson						
	Iron Container L.A	A. Property,	LLC		_			
	Firm/Com	pany						
						, ≱જ	20	
10944 SW 37th Manor				<u>[</u>	=			
	Address					A RET	ξģ	7
						AR SS	2011 SEP -2 PM 1:48	
Davie, Florida 33328 City/State and Zip Code ickInff@gmail.com						in.		
	City/State and	Zip Code				F.S.	¥	· ·
	iokloff@ar	nail aam				울	Ξ	ساومه ور
· E	jckinff@gr -mail address: (to be used for futu	re annual report i	notificatio	n)	_	D _A	œ	~
For fu	arther information concer	ning this matt	er, plea	ise call:				
	Jack Leoniff		at (954) 452-0	710		
	Name of Person		- \-	,	Area Code & Daytime Telep	ohone Number	_	
	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	rcle		Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314			
	Enclosed is a check for	r the followir	ıg amo	unt:				
	\$25 Filing Fee			\$5:	\$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:	Iron Container L.A. Property, LLC					
2. (a) Principal office address of limited liability of	company: 3230 NW 42 STREET					
(Note: MUST BE STREET ADDRESS)	Miami, FL 33142					
(b) Mailing address of limited liability compan	y: <u>3230 NW 42 STREET</u>					
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33142					
May 9, 2011	L11000054614					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office sha	own on the records of the Florida Dept. of State:					
Registered Agent:	Michael S. Irons					
Registered Office Address:	3230 NW 42 STREET					
	MIAMI, FL 33142					
(b) Enter name of NEW Registered Agent and	Vor NEW Registered Office address:					
NEW Registered Agent:	Jack Leoniff					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	10944 SW 37 Manor					
MOST BE TECKION STREET NOOKES	Davie ,FL 33328					
and the business office of the registered agent will liability company, it is hereby confirmed that the clof the members of the limited liability company or or the operating agreement of the limited liability company or be on the operating agreement of the limited liability company or the operating agreement of the limited liability company or authorized representative of a member	le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization					
Jack Leoniff Printed or typed name of signee	ECR LAA					
I hereby accept the appointment as registered ages comply with the provisions of all statutes relative to and Lam familiar with and accept the objections of Chapter 608, F.S. Or, if this document is being file iddress, I hereby confirm that the limited liability of Corporations, P.O. Division of Corporations, P.O.	nt and agree to act in this capacity. It where deree to the proper and complete performance of my futies, of my position as registered agent as provided for in the rediscreted office company has been notified in writing of this change. Box 6327, Tallahassee, FL 32314					
FILING FEE: \$25.00						