

L11000 110982

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IRON IZE PERSONAL SECURITY & FIRE SAFETY CONSULTING, LLC.
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Charles Iron Eyes MARK Bender
Name of Person

IRON IZE PERSONAL SECURITY & FIRE SAFETY CONSULTING, LLC.
Firm/Company

7701 SE. SHENANDOAH DR
Address

HOOE SOUND FL. 33455
City/State and Zip Code

ironeyesbender@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Iron Eyes MARK Bender at (772) 216-9012
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2014

CHARLES IRON EYES MARK BENDER
IRON IZE PERSONAL SECURITY & FIRE SAFETY
7701 SE SHENANDOAH DR
HOBE SOUND, FL 33455

SUBJECT: IRON IZE PERSONAL SECURITY & FIRE SAFETY CONSULTING
LLC.
Ref. Number: L11000110982

We have received your document for IRON IZE PERSONAL SECURITY & FIRE SAFETY CONSULTING LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 014A00014993

**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. Name of the limited liability company: Iron Eye Personal Security & Fire Safety Consulting LLC.

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

7701 SE SHENANDOAH DR. 7701 SE. SHENANDOAH DR.
Hobe Sound FL. 33455 Hobe Sound FL. 33455

3. 9/27/2011 4. L11000110982
Date of filing/registration in Florida Document number

5. (a) Charles Iron Eyes Mark Bender
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7710 SE. SHENANDOAH DR.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Hobe Sound.
_____, FL 33455

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
7701 SE. SHENANDOAH DR.
Hobe Sound, FL 33455

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

C. Iron Eyes Mark Bender
Signature of a member or authorized representative of a member

Charles Iron Eyes Mark Bender
Printed or typed name of signee

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

C. Iron Eyes Mark Bender
Signature of Registered Agent