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| (Re | equestor's Name) | | |
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| <u></u> | ☐ WAIT | | |
| (Bu | siness Entity Nar | ne) | |
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FEB 1 3 2014

T. BROWN



TO: Registration Section Division of Corporations

SUBJECT: Iron Wizard 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:

| Yves Lambert | | | |
|---------------------|--|--|--|
| Name of Person | | | |
| Iron Wizard LLC | | | |
| Firm/Company | | | |
| 501 S. Atlantic Dr. | | | |
| Address | | | |
| Lantana, FL 33462 | | | |

ironwizardllc@gmail.com

E-mail address: (to be used for future annual report notification)

City/State and Zip Code

For further information concerning this matter, please call:

Yves Lamber

786

203-2015

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

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.

| • | | |
|---|---|--|
| 1. Name of the limited liability company: tron Wizard LLC | | |
| 2 (a) Dringing office address of limited lightlifts commo | anner 501 C Atlantic Dr | |
| 2. (a) Principal office address of limited liability compa | • | |
| (Note: MUST BE STREET ADDRESS) | Lantana, FL 33462 | <u> </u> |
| | | 52 7 TI |
| | | 至 |
| (b) Mailing address of limited liability company: | 501 S. Atlantic Dr. | - Samuel |
| (Note: MAY BE POST OFFICE BOX) | Lantana, FL 33462 | SS 2 |
| | ************************************** | |
| | | |
| 12/08/2011 | L11000138310 | 5 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
| 3. Date of filing/registration in Florida | 4. Document number | ## 37 |
| 5 (a) Designand Agent and Designand Office shows a | on the records of the Flori | do Dont, of State: |
| 5. (a) Registered Agent and Registered Office shown of | in the records of the Fiori | da Dept. of State. |
| Designation of Asserts | Yves Lambert | |
| Registered Agent: | TV66 Carribert | |
| D = -1-41 O.CC A.1.1 | 0245 N. Davebare De | |
| Registered Office Address: | 9215 N. Bayshore Dr. | |
| | Miami Shores, FL 33138 | |
| | | |
| (b) Enter name of NEW Registered Agent and/or N | EW Registered Office a | |
| NEW Registered Agent: | YVES | LAMBERT |
| NEW Registered Office Address: | 501 S. Atlantic Dr. | |
| (MUST BE FLORIDA STREET ADDRESS) | Lantana, FL 33462 | |
| MUST BE TEORIDA STREET ADDRESS | | ,FL |
| | | ,r |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member of the limited liability company | Florida street address of | the registered office |
| Yves Lambert YVES LAMBERT | | |
| Printed or typed name of signed | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the jand I am familiar with and accept the obligations of my Chapter 608, F.S. On if this describent is being filed to address. I hereby confirms that the limited hability comp | d agree to act in this cape proper and complete per position as registered ag merely reflect a change in any has been notified in y | acity. I further agree to formance of my duties, ent as provided for it the registered office writing of this change |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00