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	1200016673

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# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

DATE \_\_\_\_\_03/29/2023

(850) 656-4724

\*\*WALK IN\*\*

11

\_\_\_\_\_

ENTITY NAME IP CAPITAL PARTNERS, LLC

DOCUMENT NUMBER\_\_\_\_\_

\*\*PLEASE FILE THE ATTACHED AND RETURN\*\*

XXXXXXXX	

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_

Plain Copy Certified Copy Certificate of Statas

\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\*

Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Statas Certificate of Statas Reflecting: \_\_\_\_\_

\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\*

COUNTRY OF DESTINATION\_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED\_\_\_\_\_

TOTAL OWED \$ <u>25.00</u>	ACCOUNT # 120160000072	and DW
Please call Tina at the above numb	er for any issues or concerns. Thank y	oa so much!

#### COVER LETTER

TO: **Registration Section Division of Corporations** 

## SUBJECT: IP Capital Partners, 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:

Name of Person

Harbor Compliance

Firm/Company

1830 Colonial Village Ln

Address

Lancaster, PA 17601

City/State and Zip Code

### corporate@harborcompliance.com

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

For further information concerning this matter, please call:

### S. Amspacher

Name of Person

at (717) Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

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

#### Enclosed is a check for the following amount:

S25 Filing Fee

MAILING ADDRESS:

□ \$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 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.

a)	225 NE Mizner Blvd #400, Boca Raton, FL 33432 Principal office address of limited liability company:	2(b)_	225 NE Mizner Blvd #400, Boca Raton, FL 33 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	( <u>Note: MUST BE STREET ADDRESS</u> )		
	01/23/2012	 L	.12000010673
	Date of filing/registration in Florida	4.	Document number
(a)	Jason Isaacson		
,	Registered Agent and Registered Office shown on the records of the	he Florida D	Pept. of State:
	225 NE Mizner Blvd #400		2022
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>	2023 HAR 29
	Boca Raton FL	33432	69 FH 9: 2
b)	Registered Agents Inc		ب ۲
0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (	Office addr	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702	

Is/Jason Isaacson

Jason Isaacson

Signature of a member or authorized representative of a member

Printed or typed name of signce

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 only with the limited liability company has been and complete performance of the confirm that the limited liability company has been and confirm that the l

the articles of organization or the operating agreement of the limited liability company.

Signature of Registered Agent

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