L12000101488

(Red	(Requestor's Name)					
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(6)	104-4-17:-104					
(City	y/State/Zip/Phone	: #)				
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☐ PICK-UP	MAIT	MAIL				
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Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer					
Special Instructions to	Filling Officer:					

Office Use Only



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12/15/16--01024--003 **450.00

2017 JAN -5 AM IO: 58
SECNETARY OF STATE

K. SALY JAN - 6 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 20, 2016

MYRON E. SIEGEL, P.A. PATRICE A TEDESCKO, ESQ. 1055 S FEDERAL HWY HOLLYWOOD, FL 33020

SUBJECT: IRT TRADING, LLC Ref. Number: L12000101488

2011 JAN -5 PH 1: 49

We have received your document for IRT TRADING, LLC and your check(s) totaling \$450.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 116A00027002

COVER LETTER

TO: Registration Section

Divi	sion of Corporations					
SUBJECT:	IRT TRADING, LLC					
	Name of Limited Liability Company					
Dear Sir or M	Madam:					
The enclosed	d Registered Agent/Registered Off	nce Change and	fee(s) are submitted for filing.			
Please return	n all correspondence concerning th	is matter to the f	following:			
Patrice A.	Tedescko, Esq.					
	Name of Person		_			
Myron E.	Siegel, P.A.					
	Firm/Company					
1055 S. F	ederal Hwy					
	Address		_			
Hollywood	i, FL 33020					
	City/State and Zip Code		_			
patrice@s	siegelaw.com					
E-mail	address: (to be used for future ann	nual report notifi-	cation)			
For further in	nformation concerning this matter	, please call:				
Patrice A.	Tedescko	954	703-1653			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	Reg Div P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
2 \$2	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			
INHS18 (2/14	()					

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.	Na	me of the limited liability company: IRI TRADING,	LLC		
2.	(a)		(b)	
	` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1920 E HALLANDALE BEACH BLVD SUITE	i	1920 E F	HALLANDALE BEACH BLVD SUIT
		HALLANDALE BEACH, FL 33009		HALLAN	DALE BEACH, FL 33009
		08/07/2012		L1200010	1488
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Deborah Levy			
٠.	(4)	Registered Agent and Registered Office shown on the records of the	Florida	Dept. of State	:
		Registered Office Address (MUST BE FLORIDA STREET AD	DRESS	2	
		1920 E. Hallandale Beach Blvd, Suite 801			18 K.
		Hallandale Beach , FL 3	3009		MIJA-5 RIVERSEE, FOR
	(b)	Deborah Levy			ASSET TO
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>		<u>iress</u> :	
		Deborah Levy			ED Ross
		NEW Registered Office Address:			•••
		1055 S. Federal Hwy		»	
		Hollywood, FL_3	3020		
the age the the to	e cha ent y is/we e arti signa herei ovisi e obli mere	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and the company and affirmative vote of the members of the cless of organization or the operating agreement of the line ture of a member of authorized representative of a member oby accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete period of the peri	to act	stered office ompany, it is ited liability iability com OTRIC	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Finited or typed name of signee

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

Signature of Registered Agent