

L12000125346

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T. Burch NOV 14 2013

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ironrod Consulting LLC

Name of Corporation

**DOCUMENT NUMBER:** L12000125346

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steffanie Gillrie

Name of Contact Person

Ironrod Consulting LLC

Firm/Company

16008 Northlake Village Dr.

Address

Odessa, FL 33556

City/State and Zip Code

admin@savvydealer.com

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

For further information concerning this matter, please call:

Steffanie Gillrie

Name of Contact Person

at ( 813 ) 501-3229

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2013

STEFFANIE GILLRIE  
16008 NORTHLAKE VILLAGE DR  
ODESSA, FL 33556

SUBJECT: IRONROD CONSULTING LLC  
Ref. Number: L12000125346

RECEIVED  
13 NOV -7 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for IRONROD 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 form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 413A00025303

**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: Ironrod Consulting LLC

2. (a) Principal office address of limited liability company: 16008 Northlake Village Dr.  
(Note: MUST BE STREET ADDRESS) Odessa, FL 33556

(b) Mailing address of limited liability company: 16008 Northlake Village Dr.  
(Note: MAY BE POST OFFICE BOX) Odessa, FL 33556

10/02/2012  
3. Date of filing/registration in Florida

L12000125346  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

United States Corporation Agents INC.

Registered Office Address:

13302 Winding Oak St. A  
Tampa, FL 33612

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

NEW Registered Agent:

Steffanie Gillrie

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

16008 Northlake Village Dr.  
Odessa, FL 33556  
FL

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.

[Signature]  
Signature of a member or authorized representative of a member

Steffanie Gillrie  
Printed or typed name of signer

*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 608, 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.*

[Signature]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00