L14000040620

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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LAW OFFICES OF



MEROS, SMITH, LAZZARA, BRENNAN & BRENNAN, P.A.

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June 22, 2018

FEDERAL EXPRESS

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

RE: Ironcouple, LLC – L14000040620

Ironcouple 2, LLC - L14000187054 Ironcouple 3, LLC - L15000207377 Ironcouple 4, LLC - L16000225091

Dear Sir/Madam:

The undersigned represents Michael P. Murphy with regards to the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company concerning the above-captioned corporations. Enclosed please find three (3) executed Statement of Change forms, as well as a check in the amount of \$165.00 as fee for the enclosed. Kindly file the within Statement of Change Forms and return a "certified" copy of each document to my attention in the self-addressed, stamped envelope enclosed.

Thank you for your time and attention to this matter. If you have any questions or concerns, please do not hesitate to contact our office.

Very truly yours.

WALTER E. SMITH

Walter F. Swith

WES/ke Enclosures

ce: Michael P. Murphy (w/encl)

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
CHDI	FCT.	IRON	COUPL	E, LLC	
SUDJ	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Of	fice Cha	nge and f	ce(s) are submitted for filing.	
Please	return all correspondence concerning the	nis matte	er to the fo	ollowing:	
MICH	HAEL P. MURPHY				
	Name of Person			_	
IRON	NCOUPLE, LLC				
	Firm/Company		· <u></u>	_	
190	NORTH TESSIER DRIVE				
	Address			_	
ST. F	PETE BEACH, FL 33706				
	City/State and Zip Code	 -			
MML	JRPHY1045@AOL.COM				
[E-mail address: (to be used for future an	nual rep	ort notific	cation)	
For fu	rther information concerning this matter	, please	call:		
MICH	HAEL P. MURPHY	at (727	537-6220	
	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		Reg Divi P.O.	ALING ADDRESS: distration Section dision of Corporations display Box 6327 dahassee, Florida 32314	
Enclosed is a check for the following amount:					
	□ \$25 Filing Fee		2 \$55	5 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.

1.	Na	me of the limited liability company:IRONCOL	JPLE,	LLC			
2.		190 NORTH TESSIER DRIVE	(b) 190 NORTH TESSIER DRIVE				
	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	M	ailing address of limited (Note: MAY BE POS)		
		ST. PETE BEACH, FL 33706		ST. PETE	E BEACH, FL 33	3706	
		03\11\2015	_		L1400004062	20	
3.		Date of filing/registration in Florida	4.	1	Document number		
5.	(a)	UNITED STATES CORPORATION AGENTS,	INC.				
	` ′	Registered Agent and Registered Office shown on the records of the 13302 WINDING OAK COURT A	: Florida	Dept. of State:			
		Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)				
						- 1.2. - 6	
		TAMPA	3361	2	· · · · · · · · · · · · · · · · · · ·		
		rt				量工	
	(b)	MICHAEL P. MURPHY				FILED JUN 26 PH	
	(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice <u>add</u>	ress:			
						PH 1: 06	
		N				는 B	
		NEW Registered Office Address:					
		190 NORTH TESSIER DRIVE					
		ST. PETE BEACH	331	706			
the age	e cha ent v s/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the line.	ne regis ility co the limi	tered office mpany, it is ted liability ability comp	and the business of hereby confirmed to company or as other pany.	Tice of the registered hat the change(s) erwise provided in	
4	<u>~</u>	ure of a member or authorized representative of a member			MICHAEL P. MU Printed or typed name of		
prothe to not	neret ovisi obl mere tified	by accept the appointment as registered agent and agree on a member on a member of all studies relative to the proper and complete point of all studies relative to the proper and complete point of my position as registered agent as provided pely reflect a change in the registered office address. I he I in writing at this change.	ertorm/	in this capa nce of my d	city. I further agre	e to comply with the iliar with and accept	