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(Re	questor's Name)				
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PICK-UP	Mait	MAIL			
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Certified Conies	Certificates	of Status			
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Special Instructions to	Filing Officer:				
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JUN 27 2018

COVER LETTER

TO:	Registration Section
	Division of Corporation:

SUBJECT:	IRONCOUPLE 2, LLC				
Nam	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	is matter to the following:				
MICHAEL P. MURPHY					
Name of Person					
IRONCOUPLE 2, LLC					
Firm/Company					
190 NORTH TESSIER DRIVE					
Address					
ST. PETE BEACH, FL 33706					
City/State and Zip Code					
MMURPHY1045@AOL.COM					
E-mail address: (to be used for future ann	ual report notification)				
For further information concerning this matter.	please call:				
MICHAEL P. MURPHY	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	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				
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	ame of the limited liability company:RONCO			
2. (a)	190 NORTH TESSIER DRIVE	(b) 190 NORTH TESSIER DRIVE		
~· (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ST. PETE BEACH, FL 33706	_	ST. PET	TE BEACH, FL 33706
	10/12/2015			L1400000187054
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	UNITED STATES CORPORATION AGENTS	S, INC.		_
. ,	Registered Agent and Registered Office shown on the records of t	he Florida	Dept, of Stat	nte:
	13302 WINDING OAK COURT A			_
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	7	
(b)	TAMPA	3361		FILED July 26 PH 1: 12
	NEW Registered Office Address:			_
	190 NORTH TESSIER DRIVE			
	ST. PETE BEACH, FL	33	706	_
the chaagent was/w the art Signi I here provise the ob- to mer	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the number of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided of the reflect a change in the registered office address, I have in writing of this change.	the regis bility co f the lim limited l	stered offic ompany, it i ited liabilit iability con	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. MICHAEL P. MURPHY Printed or typed name of signee Practice. In further caree to comply with the

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

Signature of Registered Agent