L5003853

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

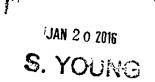
Office Use Only



800280865128

800280865128 01/19/16--01025--005 **25.00 //

SECURITY OF STATE



COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
SUBJ					
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for	filing.	
Please	return all correspondence concerning the	nis matter to the	following:		
Andr	ew Dalgleish				
	Name of Person	<u> </u>			
IARN	MS LLC				
	Firm/Company	····		活	
7723	SW ELLIPSE WAY			FILI JM 19	
	Address		·····	- 1 [편]	
STU	ART, FL			元炎 妥 適 (2)	
	City/State and Zip Code	· · · · ·	_		
andre	ew@iarmsllc.com				
F	E-mail address: (to be used for future and	nual report notifi	cation)		
For fu	rther information concerning this matter	, please call:			
Andre	ew Dalgleish	772 at (812-3868		
	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 Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314		
	Enclosed is a check for the following	g amount:			
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified	Сору	

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. 1 2. (a	Name of the limited liability company: 7723 SW ELLIPSE WAY		7723 SW ELLIPE WAY	
2. (u	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) STUART, FL 34997		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) STUART, FL 34997	
	03/02/2015	0	3/02/2015	
3. 5. (a	Date of filing/registration in Florida BISSONNETTE, ROBERT P. ESQ.	4.	Document number	
· (•	Registered Agent and Registered Office shown on the records 2810 EAST OAKLAND PARK BOULEVAR	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREE SUITE 104			
	FORT LAUDERDALE	JDERDALE , 33306		
(b		TAN 19 PI		
	Enter name of NEW Registered Agent and/or NEW Register 7723 SW ELLIPSE WAY			
	NEW Registered Office Address:			
	STUART, I	34997 FL		
the cl agent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the street of the members of the street	of the registe liability comes of the limited he limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ad liability company or as otherwise provided in	
	ature of a member or authorized representative of a member		Printed or typed name of signee	
provi the ol to m e	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provide rely reflect a change in the registered office address, ed in writing of this change.	gree to act in le performan ded for in Ch I hereby con	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been	
Signa	ure of Registered Agent			

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