

L5000061649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

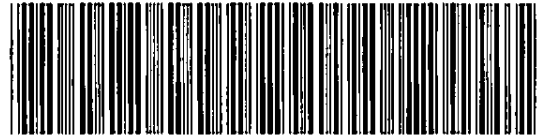
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300300778683

07/03/17--01029--020 **25.00

FILED
17 AUG 22 AM 11:49
TALLAHASSEE, FLORIDA

AUG 21 2017

Y CULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2017

GABRIELA LUCAS
1801 NE 123RD ST #314
NORTH MIAMI, FL 33181

SUBJECT: IORANEUSA, LLC
Ref. Number: L15000061649

We have received your document for IORANEUSA, LLC and your check(s) totaling \$25.00. 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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 717A00013785

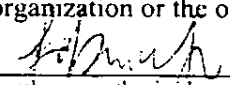
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

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. Name of the limited liability company: IORANEUSA LLC
2. (a) 1801 NE 123rd St #314
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
North Miami, FL 33181
- (b) 1801 NE 123rd St #314
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
North Miami, FL 33181
3. 04-08-2015
Date of filing/registration in Florida
4. L15000061649
Document number
5. (a) CT Corporation System
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 South Pine Island Road
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Plantation, FL 33324
- (b) Gabriela Lucas
Enter name of NEW Registered Agent and/or NEW Registered Office address:
1801 NE 123rd St #314
NEW Registered Office Address:
North Miami, FL 33181

FILED
17 AUG 22 AM 11:49
TALLAHASSEE, FLORIDA

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 of a member or authorized representative of a member

Printed or typed name of signee

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 605, 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 of Registered Agent

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