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COVER LETTER

TO:

INHS18 (2/14)

го:	Registration Section Division of Corporations			
^4.FB.	IF	RONCOUPLE	E 3, LLC	
SUBJ	ECT: Name	Name of Limited Liability Company		
Dear S	Sir or Madam:			
The ei	nclosed Registered Agent/Registered Office	: Change and fe	e(s) are submitted for filing.	
Please	e return all correspondence concerning this	matter to the fo	llowing:	
MICI	HAEL P. MURPHY			
_	Name of Person		•	
IROI	NCOUPLE 3, LLC			
	Firm/Company		-	
190	NORTH TESSIER DRIVE			
	Address		•	
ST. I	PETE BEACH, FL			
	City/State and Zip Code		-	
ΜМ	JRPHY1045@AOL.COM			
	E-mail address: (to be used for future annua	l report notifica	ntion)	
For fu	irther information concerning this matter, pl	lease call:		
MICI	HAEL 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	Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314	
	Enclosed is a check for the following a	mount:		
	□ \$25 Filing Fee	2 \$55	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.

. Na	me of the limited liability company:IRONCO	UPLE	3, LLC		
. (a)	190 NORTH TESSIER DRIVE	(b)	(b) 190 NORTH TESSIER DRIVE		
. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	ST. PETE BEACH, FL 33706	_	ST. PET	TE BEACH, FL 33706	
	01/13/2016	-		L15000207377	
	Date of filing/registration in Florida	4.		Document number	
. (a)	UNITED STATES CORPORATION AGENTS	, INC.			
. (a)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of Stat	- e:	
	13302 WINDING OAK COURT A				
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		_	
				25 5	
	TAMPA ,FL_	3361	2	FIL JUIN 2	
(b)	MICHAEL P. MURPHY			=	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	office add	tress:	- - - - - - - - - - - - - -	
	NEW Registered Office Address:	_		-	
	190 NORTH TESSIER DRIVE			_	
	ST. PETE BEACH	33	706	_	
ne cha gent v vas/we ne arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere authorized presentative of a member	he regis pility co the lim	tered offic mpany, it i ited liabilit	e and the business office of the registere is hereby confirmed that the change(s) by company or as otherwise provided in	
herei rovisi ie obl mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I hi d'in writing of this change.	erforma for in C	ince of my hapter 60.	duties, and I am familiar with and acce 5. F.S. Or. if this document is being file	

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