

5/28/2018

L16000216177

Division of Corporations
Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

LLC REGISTERED AGENT CHANGE
IPT-USA LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

2018 JUN 28 PM 1:31

LLC

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B FIGUEROA

**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: IPT-USA LLC
2. (a) 3030 N ROCKY POINT DR. (b) 3030 N ROCKY POINT DR.
Principal office address of limited liability company. Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- STE 150A STE 150A
TAMPA, FL 33607 TAMPA, FL 33607
3. 11/29/2016 4. L16000216177
Date of filing/registration in Florida Document number
5. (a) REGISTERED AGENTS INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
3030 N ROCKY POINT DR.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
STE 150A
TAMPA FL 33607
- (b) Northwest Registered Agent, LLC.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
3030 N. Rocky Point Dr.
NEW Registered Office Address.
STE 150A
Tampa FL 33607

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.

Morgan Noble
Signature of a member or authorized representative of a member

Morgan Noble
Printed or typed name of signer

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.

Tom Glover Tom Glover - Assistant Secretary
Signature of Registered Agent

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