17000083876

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

Office Use Only



800369814318

07/14/21--01020--009 **25.00

/06 - 3 2021

C Kinsey

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: IG3 REAL ESTATE LLC	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ige and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
CARLOS E. IMERY	
Name of Person	
Firm/Company	
2020 PONCE DE LEON BLVD, SUITE 1005A	
Address	
CORAL GABLES, FL 33134	
City/State and Zip Code	
cimery@benreg.com	
E-mail address: (to be used for future annual repor	1 notification)
For further information concerning this matter, please ca	all:
jocelyn torres 78	6 2534885
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
■ \$25 Filing Fee	☐ \$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.

2. (a)	2020 PONCE DE LEON BLVD, SUITE 1005A	(b) 2020 i	PONCE DE LEON BLVD, SUITE 1005A	
	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	CORAL GABLES, FL 33134	CORA	AL GABLES, FL 33134	
	04/14/2017	L17000	083876	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	OSIASON, LEE J			
J. (4)	Registered Agent and Registered Office shown on the records OSIASON, LEE J			
	Registered Office Address (MUST BE FLORIDA STRE	ETADDRESS)	Fig. 1	
	201 ALHAMBRA CIRCLE SUITE 1205			
	CORAL GABLES,	. FL 33134		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> CARLOS E. IMERY	ered Office address:		
	<u>NEW</u> Registered Office Address:			
	2020 PONCE DE LEON BLVD, SUITE 1005A			
	CORAL GABLES	FL_33134		
thange igent w was/we he artic	mited liability company is not organized under the or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member des of organization or the prerating agreement of the company of the present of the company of the	the registered office I liability company, rs of the limited hab	and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided in company. IMERY	
	ire of amember of authorized representative of a member		Printed or typed name of signee	
i nereb provisio he obli	y accept the appointment as registered agent and a ons of all statutes relative to the proper and comple gations of my position as registered agent as provi by reglect a change in the registered office address.	agree to act in this c ele performance of a ided for in Chapter (rapacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed	