

L19000155237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

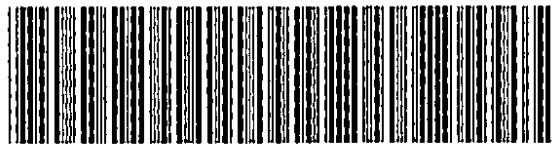
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IANDA LLC Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRENE MONTREUIL

Name of Person

Firm/Company

8203 ASHWORTH CT

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

IRENEMONTREUIL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRENE MONTREUIL at (917) 750-8710
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.

1. Name of the limited liability company:	IANDA LLC
2. (a) 965 TIDALWALK DRIVE	(b) 965 TIDALWALK DRIVE
Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	
WILMINGTON, NC 28409	WILMINGTON, NC 28409
06/12/2019	L19000155237
3. Date of filing/registration in Florida	4. Document number
5. (a) ROTH LAW FIRM PL	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 6100 GREENLAND RD Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> SUITE 604
JACKSONVILLE , FL 32258	
(b) IRENE MONTREUIL	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : 8203 ASHWORTH CT <u>NEW Registered Office Address:</u> JACKSONVILLE , FL 32256

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FLORIDA STATE
REGISTRATION
AND
SPECIAL
PURCHASE
DIVISION
TALLAHASSEE, FL
ED

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.

Irene Montreuil

IRENE MONTREUIL

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.

Irene Montreuil

Signature of Registered Agent

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