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| (Re | equestor's Name) | *** |
|-------------------------|-------------------|--------------|
| (Ad | idress) | |
| (Ad | dress) | - |
| (Ĉit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | J. HORN | 1E |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: IRIE GLOW LLC | |
| Name of L | imited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Cha | ange and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | er to the following: |
| Rebecca Cernius | |
| Name of Person | |
| ZenBusiness Inc. | |
| Firm/Company | ,,,,_, |
| 336 E. College Ave. Suite 301 | |
| Address | |
| Tallahassee, FL 32301 | |
| City/State and Zip Code | |
| ra@zenbusiness.com | |
| E-mail address: (to be used for future annual rep | ort notification) |
| For further information concerning this matter, please | call: |
| Rebecca Cernius at (| 844-493-6249 |
| 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 amour | nt: |
| □ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |
| INHS18 (2/14) | |

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. N | ame of the limited liability company: IRIE GLOW LL | _C | | | | | |
|---|--|--|---------------------------|--|--|--|--|
| 2. (a) | 8415 QUITO PLACE | | (b) | 8415 QUIT | TO PLACE | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (0) | | Mailing address o | | |
| | WELLINGTON, FL 33414 | | | WELLING | TON, FL 3341 | 4 | |
| | | | | | **. | | |
| | 11/02/2020 | | t. | .200003475 | બ | | |
| 3. | Date of filing/registration in Florida | 4. | | I | Document nui | mber | |
| 5. (a) | REGISTERED AGENTS INC. | | | | | | |
| () | Registered Agent and Registered Office shown on the records o 7901 4TH STREET NORTH | of the Floric | da I | Dept. of State: | : | | |
| | Registered Office Address (MUST BE FLORIDA STREET STE 300) | STREET ADDRESS) | | | 23 007 27 | | |
| | ST. PETERSBURG | L 33702 | | | | • | |
| (b) | ZenBusiness Inc | | | | | : | 7 . 1.112: 0: |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | <u>'ess</u> : | | ÷ :- | |
| | 336 E. College Ave. Suite 301 | | | | | 2 - | 93 |
| | NEW Registered Office Address: | | | | | | |
| | Tallahassee | , 32301 | | | | | |
| | , FI | L | | | | | |
| change agent v was/wo the arti | imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the authorized by the operating agreement of the authorized by the operating agreement of the authorized by the authorized by the operating agreement of the operating agreement of the authorized by the operating agreement of | e register iability co of the lir e limited | red om nite lia | office and pany, it is additional transfer in the part of the part | the business of the hereby confirmation of a second confirmation of the hereby confirmation of the her | office of the | e registered e change(s) |
| Signa | ture of a member or authorized representative of a member | | | | Printed or typed | name of sign | ec |
| provisi the obl to mere notified | by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change. | ree to ac e perform ed for in hereby c | t ir. tan Ch onj | this capac ce of my di apter 605, firm that th | city. I further uties, and I an F.S. Or, if th ne limited liab | agree to ce n familiar v is documen ility compa | omply with the with and accept t is being filed my has been |
| | Ser. Str | | | | | | |
| Signatu | re of Registered Agent | | | | | | |