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(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
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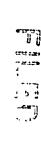
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COVER LETTER

TO: Registration Section Division of Corporations	
IRONMAN INVESTMENT 1 LLC SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
María Fernanda Valdés Iñigo	
Name of Person	
Ironman Capital Partners LLC	
Firm/Company	
2420 NE Miami Gardens Drive, Suite 201	
Address	
Miami FL 33180	
City/State and Zip Code	
fvaldes@ironmancapitalpartners.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, p	lease call:
Ricardo Aizenman	786 3671643 at ()
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 a	mount:
■ \$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.

l. N	ame of the limited liability company: IRONMAN INV	ESTMENT	F 1 LLC
2. (a)	2420 NE Miami Gardens Drive, Suite 201	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami FL 33180		
	03/22/2021	1.	1.21000119027
3.	Date of filing/registration in Florida	_{4.} _	Document number
5. (a)	GS2 Law PLLC		
7. (a)	Registered Agent and Registered Office shown on the records o 20803 Biscayne Blvd Suite 405	f the Florida I	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<u> </u>
	Aventura, F	L_33180	2021 OCT SECRET TAX
(b)	María Fernanda Valdés Iñigo		7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	
	2420 NE Miami Gardens Drive, Suite 201		. 2: 5 <u>1</u>
	NEW Registered Office Address:		· •
	Miami	. 33180	
	, F	L	
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laterer authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	e registered iability com of the limit	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) lited liability company or as otherwise provided i
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, led in writing of this change.	e nertornio	ance of my duties, and I am familiar with and acc
Signati	ure of Registered Agent		