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The

COVER LETTER

TO: . Registration Section Division of Corporations							
IRBB FL HOLDINGS LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	to the following:						
Sharon Gray							
Name of Person	•						
Gray Matter Corporate Solutions LLC							
Firm/Company							
258 Beartooth Pkwy, Ste 100 PMB 1002							
Address							
Dawsonville, GA 30534							
City/State and Zip Code							
sgray@graymattercorp.com							
E-mail address: (to be used for future annual report	rt notification)						
For further information concerning this matter, please ca	all:						
Sharon Gray 77	70 355-8214						
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						
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.	Na	me of the limited liability company:	IGS L	TC		
2.	(a)	664 West 163rd Street		(b) 664 Y	West 163r	d Street
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(*)		ing address of limited liability company: ote: MAY BE POST OFFICE BOX)
		Apt. 36		Apt.	36	
		New York, NY 10032	- -	New	York, NY	10032
		03/24/2021		L2100	0122085	
3.		Date of filing/registration in Florida	4.		Doc	cument number
5.	(a)	Corporation Service Company			_	
	•	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1201 Hays Street Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			of State:	? 1 79
		Tallahassee	32301	1-2525		2022 11
	(b)	Universal Registered Agents, Inc. Enter name of NEW Registered Agent and/or NEW Registered O		Jice address:		P. P.
		1317 California Street				
		NEW Registered Office Address:				<u>.</u>
		Tallahassee , FL	32304			
cha age wa the	inge ent w s/we erti	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operating agreement of the liability and the cites of organization or the operation of the liability and the cites of organization or the organization of org	egisto oility the l mite	ered offic company imited lis	ce and the	e business office of the registered reby confirmed that the change(s) mpany or as otherwise provided in ry.
		ture of a member or authorized representative of a member				nted or typed name of signee
pro the to i not	oblinere ifed	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my posifion as registered agent as provided by reflect a change in the registered office address, I he is in writing of this change. The of Registered Agent	erfor for in	mance of Chanter	my dutie r 605 E S	es, and I am familiar with and accept S. Or, if this document is being filed
	5ha	cronGray, Assistant Vice Hestitlent Division of Cornerations P.O. B.	<4	774 T-1	laha	El 22214

FILING FEE: \$25.00

INHS18 (2/14)