Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future \_\_\_\_\_annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT CHANGE IRIS HOLDINGS OF FLORIDA, LLC

Certificate of Status	0
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Page Count	02
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## 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

Florida.	IDIC HO	ارا کا '	IGS OF FLOR	NDV IIC	
1. Name of the limite	d liability company: IKIS TIC	יווטווי	IGS OF FLOR	TDA, LLC	
<sub>2. (a)</sub> 4801 Gulf E	Blvd		<sub>(b)</sub> 3735 Franklin Road		
	flice address of limited liability company: : MUST BE STREET ADDRESS)			s of limited liability company:  **BE POST OFFICE BOX**)	
Ste 139			Suite 253		
St Pete Flo	orida 33706		Roanoke VA 24014		
04/05/21			L21000157396		
3. Date o	f filing/registration in Florida	4.	Document i	number	
5. (a) TAYLOR A	PENN				
	and Registered Office shown on the records	of the Flori	da Dept. of State:		
4801 GUL	F BLVD				
Registered Office	Address (MUST BE FLORIDA STREE	ET ADDRES	<u>(S)</u>		
SUITE 139					
ST PETE	BEACH	<sub>FL</sub> 3370	06	22	
Register	ed Agents Inc.	***		FEB 26	
Enter name of NE	W Registered Agent and/or NEW Registe	red Office a	ddress:	TI TI	
7901 4th	n St N			MH 11: 39	
NEW Registered	Office Address:			<u> </u>	
STE 300			14 1414		
St. Pete	rsburg	<sub>FL</sub> 3370	2		
the change or changes agent will be identical, was/were authorized by the articles of organiza	ompany is not organized under the are made, the Florida street address Or, in the case of a Florida limited an affirmative vote of the member tion or the operating agreement of the street of the str	of the reg d liability rs of the li the limited	pistered office and the bustompany, it is hereby conmitted liability company of liability company. Iliability company.	siness office of the registered afirmed that the change(s) or as otherwise provided in	
Signature of a member or	authorized representative of a member		Printed or typ	ped 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.

Bill Havre - Assistant Secretary

Signature of Registered Agent