

L21000363780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

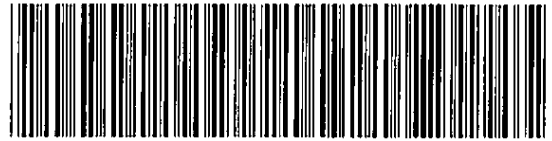
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24 JAN 23 PM 12:36
FEB 15 2004
FEB 15 2004

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sharon Sloper IRA 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:

Sharon Sloper

Name of Person

Sharon Sloper IRA LLC

Firm/Company

10647 Berglund Avenue

Address

Chisago City, MN 55013

City/State and Zip Code

sharon@sharonsloper.com

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

For further information concerning this matter, please call:

Sharon Sloper

612

723-6568

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 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: Sharon Sloper IRA LLC
2. (a) Sharon Sloper
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
10647 Berglund Ave
Chisago City, MN 550113
- (b) Sharon Sloper
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
10647 Berglund Ave
Chisago City, MN 55013
3. 8/12/2021 Date of filing/registration in Florida
4. L21000363780 Document number
5. (a) Harper, Michelle
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
100 E. Pine Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 110-536
Orlando, FL 32801
- (b) IRA Financial Trust
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
1691 Michigan Ave
NEW Registered Office Address:
Ste335
Miami Beach, FL 33139

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TALLAHASSEE, FLORIDA

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.

Sharon Lee Sloper
Signature of a member or authorized representative of a member

Sharon Lee Sloper
Printed or typed name of signed

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.

Charlotte Volynskiy
Signature of Registered Agent