

7/29/24 6:41 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filings Cover Sheet  
**L21000459821**

Note: Please print this page and use it as a cover sheet. Type the fax and phone number (shown below) on the top and bottom of all pages of the document.

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702)866-2500  
Fax Number : (702)900-2290

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

Email Address: documents@incorp.com

LLC REGISTERED AGENT CHANGE  
5399 WEST IRLO HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

M. SOLOMON  
JUL 29 2024

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 5399 West Irlo Holdings LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wendy Hefley

Name of Person

InCorp Services, Inc.

Firm/Company

9107 West Russell Road Suite 100

Address

Las Vegas, NV 89148-1233

City/State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

Wendy Hefley for InCorp Services, Inc. at 800-246-2677

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

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TALLAHASSEE, FLORIDA

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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.

1. Name of the limited liability company: 5399 West Irio Holdings LLC

2. (a) 7777 Glades Road, Suite 215 (b) 390 NE 191st Street, Suite 9139
Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)

Boca Raton, Florida 33432 Miami, Florida 33179

10/21/2021 121000459821

3. Date of filing/registration in Florida 4. Document number

5. (a) RISE8 MANAGEMENT LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

7777 Glades Rd. Ste. 215
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Boca Raton, FL 33434

(b) InCorp Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address

3458 Lakeshore Drive
NEW Registered Office Address

Tallahassee, FL 32312

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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.

Signature of a member or authorized representative of a member Robert Beyer
Printed or typed name of signer

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.

Signature of Registered Agent Louise Breytenbach on behalf of InCorp Services, Inc.