Division of Corporations

Florida Department of State Division of Corporations Electron to Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

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

Email Address:

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LLC REGISTERED AGENT CHANGE CONSTRUAPURE LLC

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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.

i.	Na	me of the limited liability company:	IRE LLC			
2.	(a)	7901 4th St N STE 300	α	(b) 7901 4th St N STE 300		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			failing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)	
		St. Petersburg FL 33702		St. Petersb	urg FL 33702	
		09/13/2022		L220004005	53	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	AGUILAR MENDOZA, CARLOS LUIS				
٠.	(4)	Registered Agent and Registered Office shown on the records o	the Florida	Dept. of State	:	
		820 CHARINGSTONE CT			147 S S	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		FILED PH 4: 55 2024 MAY -2 PH 4: 55 TALLAHASSEE, FLORID,		
		APOPKA, F	L_32712		SSEE O	
	(b)	Northwest Registered Agent LLC			FLORING THE STATE OF THE STATE	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:		<u> Pr</u>		
		7901 4lh St N				
		NEW Registered Office Address:				
		STE 300				
		St. Petersburg	L_33702			
th ag wi th	e cha ent v as/we e ani	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regi liability co of the lim e limited	stered office ompany, it is nited liability liability com	and the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in	
_	Signá	ture of a member or authorized representative of a member	- Nat	Smith	Printed or typed name of signee	
I pr th to	herei ovisi e obl meri	by accept the appointment as registered agent and actions of all statutes relative to the proper and completing to the proper and completing to the proper and completing to the segistered agent as providely reflect a change in the registered office address, and in writing of this change. Taylor Newman - Assistant	e perform led for in (I hereby c	t in this cape ance of my c Chapter 605 onfirm that t	ncity I further garee to comply with the	
Si	gnatu	relof Registered Agent	· · · · · · · · · · · · · · · ·			