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Division of Corporations

Florida Department of State

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From:

Account Name : REGISTERED AGENTS INC.

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

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LLC REGISTERED AGENT CHANGE LIFEOFMORR LLC

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OCT 1 7 2023 K. Brumble)

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

i N	ame of the limited liability company:	IORR LLC			
2. (a)		ıb	Mailing addre	ess of limited liability company: AV BE POST OFFICE BOX)	
	10/03/23		_23000457288		
3.	Date of filing/registration in Florida	-i .	Document	t number	
= ,_,	MORRISON, DONMOND				
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA S	TREET ADDRESS			
	310 SW 1ST AVE, #2819			202	
	FORT LAUDERDALE	. FL 33301		ZDZ3 OCT 16 PM IZ: 41	
(b)				19 J	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	egistered Office add	<u>lress</u> :	PH	
	7901 4th St N			12: 12: L	
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	FL			
the ch agent was/w the art	limited liability company is not organized under ange or changes are made, the Florida street ad will be identical. Or, in the case of a Florida literer authorized by an affirmative vote of the meticles of organization or the operating agreement in [2].	dress of the regis mited liability co imbers of the him it of the himited l	tered office and the b mpany, it is hereby co ited liability company	usiness office of the registered on tirmed that the change(s)	
	ature of a member of authorized representative of a memb		Printed or t	yped name of signee	
I here provis the ob to mer notific	thy accept the appointment as registered agent ions of all statutes relative to the proper and co ligations of my position as registered agent as welv reflect a change in the registered office ado A in writing of this change.	and agree to act omplete perform provided for m (ince of my duties, and Thanier 605, F.S. Or.	t Lam familiar with and accept if this document is being filed	