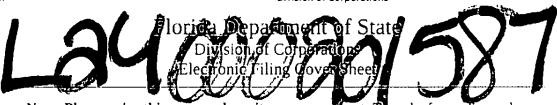
Page: 1/2



Note: Please print this page and use it as a cover sheet. Type the fax audit 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 : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (813)436-5206

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the email address for this business entity to be used for future il Address:_____

LLC REGISTERED AGENT CHANGE **CCNORR LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

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. N	ame of the limited liability company:	IORR LLC	·	
2. (a)			(b)	
	Principal office address of limited liability (Note: MUST BE STREET ADDR)	company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	04/30/24			0201587
3.	Date of filing/registration in Flor	rida	4.	Document number
5. (a)	NORRIS, CANDACE C			
). (a)	Registered Agent and Registered Office shown on			
	6796 BRADBURY CIRCLE			
	Registered Office Address (MUST BE FLORI	DA STREET A	IDDRESS)	2024
	WESLEY CHAPEL	, FL	33545	2024 HAY -9
(b)	Registered Agents Inc			
(6)	Enter name of NEW Registered Agent and/or NE	W Registered	Office address:	PI 2
	7901 4th St N			FII 2: 14
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	, FL	33702	
the chargent was/we	ange or changes are made, the Florida stree will be identical. Or, in the case of a Floric	under the law et address of da limited lia e members of	vs of the State of the registered of bility company of the limited lia	of Florida, it is hereby confirmed that after office and the business office of the registere y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Rich	Care Francisco		Robin Jones	
	iture of a member or authorized representative of a m			Printed or typed name of signee
provisi the obi to mar	hy accept the appointment as registered as ions of all statutes relative to the proper a ligations of my position as registered agenely reflect a change in the registered officed in writing of this change.	zent and agre 1d complete j t as provided 1 address, I h	ee to act in this performance of I for in Chapte perchy confirm	s capacity. I further agree to comply with the fmy duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
1 . 1	David Roberts	- Assistant Se		