

L24000444244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

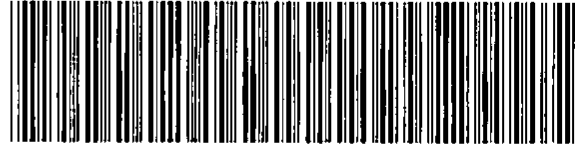
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IRP ANALYTICS 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:

ISABEL ROIG PENSO

\_\_\_\_\_  
Name of Person

IRP ANALYTICS LLC

\_\_\_\_\_  
Firm/Company

915 BRICKELL AVE APT C-602

\_\_\_\_\_  
Address

MIAMI, FL 33129

\_\_\_\_\_  
City/State and Zip Code

ROIGVK@HOTMAIL.COM

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

For further information concerning this matter, please call:

ISABEL ROIG PENSO

at ( 310 ) 871-4425

\_\_\_\_\_  
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, FL

**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.*

Name of the limited liability company: IRP ANALYTICS LLC

(a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>1915 BRICKELL AVE APT C-602</u> <u>MIAMI, FL 33129</u> <u>10/17/24</u> <u>Date of filing/registration in Florida</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>1915 BRICKELL AVE APT C-602</u> <u>MIAMI, FL 33129</u> <u>12400044244</u> <u>Document number</u>
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(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
ANGARITA CASTELLANOS, MARISOL S  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1915 BRICKELL AVE APT C-602  
MIAMI, FL 33129

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
ANGARITA CASTELLANOS, MARIA S.  
NEW Registered Office Address:  
FL

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TALLAHASSEE, FL

he limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the  
ange or changes are made, the Florida street address of the registered office and the business office of the registered  
ent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)  
s/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in  
articles of organization or the operating agreement of the limited liability company.

Isabel Roig Penso  
Signature of a member or authorized representative of a member

ISABEL ROIG PENSO

Printed or typed name of signer

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the  
visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept  
obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed  
merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been  
ified in writing of this change.

Maria Angarita  
Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00**