M01000002748

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DEPAIR UPLATE OF STATE OVISION OF CURFORATION TALLAHASSEE, FLORIDA

RECEIVED 12 DEC 17 PM 2: 34

CT CORPORATION

December 17, 2002

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399



Re:

Order #: 5747182 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

IAR Group, LLC (DE)

-New Names-GB Fixed Asset Solutions, LLC-

Change of Agent

Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley_Mitchell@cch-lis.com

660 East Jefferson Street Taliahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

280,,, 0, 00,,, 1,, 1,,		
1. The name of the limit	ted liability company is	IAR Group, LLC
2. The mailing address	of the limited liability c	ompany is : 40 Broad Street, 11th Floor
Boston, Massachuse		
December 7, 2001	÷ -	M01000002748
3. Date of filing/registra	ation in Florida	4. Document number
5. The name of the regis Florida Department o	tered agent and the regi f State: Jeffrey Gordon	stered office address as shown on the records of the
<u>.</u> 	2799 Seneca Bou	Name levard (32nd Ave.)
	Pembroke Park, F	Name levard (32nd Ave.) Address L 33023 , State and Zip agent and/or office: //stem Name_
6. The name and address	s of the new registered a	agent and/or office:
	CT Corporation Sy	ystem Stem
	1200 South Pine I	Name sland Road
Florida street address (P.O. Box NOT acceptable)		ss (P.O. Box NOT acceptable)
	Plantation,	FL 33324
	City,	State and Zip
confirmed that after the and the business office diability company it is h	change or changes are not the registered agent was the registered that the ted liability company or ted liability company or the company of t	I under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office vill be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote of a so otherwise provided in the articles of organization or company.
(Signature of a member or auth	torized representative of a mem	ber)
Alan R. Goldstein, (Printed or typed name of signs	ee)	
I hereby accept the app comply with the provisi and I am familiar with the Chapter 608, F.S. Or L	pointment as registered ons of all statutes relation and accept the obligation of this document is being the control of the co	agent and agree to act in this capacity. I further agree to we to the proper and complete performance of my duties, ons of my position as registered agent as provided for in a filed to merely reflect a change in the registered office with a change in the registered office.

FILING FEE: \$25.00

Division of Cariforations, P.O. Box 8327, Tallahassee, FL 32314

INHS18(10/99)

(Signature of Registered Agent)
CT Corporation System, By: KRISTEN BETZGER