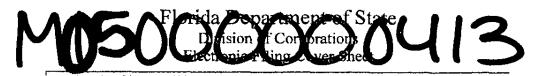
Division of Corporations



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

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## LLC REGISTERED AGENT CHANGE IPT, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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2/17/2016

J. HARRIS

## tax Audit H160000406753

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

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: IPT,	LLC
2. (a) Principal office address of limited liabilia (Note: MUST BE STREET ADDRES.	y company: 10 COLUMBUS BLVD, 4TH FLOOR HARTFORD,, Connecticut 06106
(b) Mailing address of limited liability comp (Note: MAY BE POST OFFICE BOX	
1/27/2005	M05000000413
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office Registered Agent: Registered Office Address:	shown on the records of the Florida Dept. of State:  CORPORATION SERVICE COMPANY  1201 HAYS STREET  TALLAHASSEE, FL 32301-2525
(b) Enter name of <u>NEW Registered Agent</u> : <u>NEW Registered Agent</u> :	and/or NEW Registered Office address:  Business Filings Incorporated
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDR	1200 South Pine Island Road
(AUST III. I EORIDA GRALLI ADDI	Plantation FL 33324
confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the the members of the limited liability company or the operating agreement of the limited liability of Mall	-
Signature of a member or authorized representative of a member	
Mark Williams, Authorited Person  Printed or typed name of signee	CRE ER
I hereby accept the appointment as venistered a	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, is of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.
Signature of Registered Agent - Mark Williams, AVP, Bus	iness Filings Incorporated DRIDE
Dission of Corporations P	O Box 6377 Tallahassas FI 32314

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: S25.00

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