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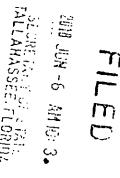
(R	equestor's Name)				
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PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates o	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 5, 2018

Order#: 229684-015

Re: IRES FL, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

ETATEMENT 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. 1	٧a	me of the limited liability company: IRES FL, LLC		, <u></u> .	
2 (a	1	6564 Loisdale Court, Suite 215	_ (b)	
(0		Principal office address of limited liability company:	_ (5		Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
			_		
		Springfield, VA 22150	-		
·		11/08/2017		M170000	09490
3.		Date of filing/registration in Florida	4.		Document number
5. (a)	C T Corporation System Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	
		-	· · · · · · · · · · · · · · · · · · ·	Dept. or Diane	
1200 South Pine Island Road					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
					AHA NUL
		Plantation FL_	33334		FILED JUN-6 MHJO: LAHASSEE.FLOR
		, Ft.			SE 6
(Je		Corporation Service Company			<u></u>
(b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:					
					<u> </u>
		1201 Hays Street			***
		NEW Registered Office Address:			
		Tallahassee	22201		
		Tallaciassee FL	32301		
		imited liability company is not organized under the laws			
		inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab			
was/	we	ere authorized by an affirmative vote of the members of	the lim	ited liability	y company or as otherwise provided in
the a	rti	cles of organization or the operating agreement of the li	imited l	iability com	ipany.
	_	Le E Come	Jill C	Cilmi, Autho	rized Person
_		turn of amember or authorized representative of a member			Printed or typed name of signee
I hei	rel. isi.	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p	e to act performa	in this cape	acity. I further agree to comply with the duies, and I am familiar with and accept
the o	δĺ	ons of all statules relative to the proper and complete p igations of my position as registered agent as provided Ly reflect a change in the registered office address. I he	for in C	hapter 603	. F.S. Or, if this document is being filed
notif	iec	I'm writing of this change	er eo'r ce	ндит так	ne amateu adonay company nas veen
		Lein Leil			
Sign	itu	re of Registered Agent Corporation Service Company	BY: A	emi M. Cas	sper, Asst. Vice President