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.

(((H22000273025 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Fmal]	 4	

LLC REGISTERED AGENT CHANGE IRON HORSE RECEIVABLES II LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: IRON HORSE RI	ECEIVAE	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change and fe	re(s) are submitted for filing.
Please return all correspondence concerning the	is matter to the fo	llowing:
Joshua Murphy		
Name of Person		-
Registered Agent Solutions, Inc.		
Firm/Company		•
Corporate Center One, 5301 Southwes	st Pkwy, Ste 40	0
Address		-
Austin, TX 78735		
City/State and Zip Code		-
E-mail address: (to be used for future ann	ual report notific	ation)
For further information concerning this matter,	please call:	
Joshua Murphy	888	705-7274
Name of Person		Area Code & Daytime Telephone Numbe
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:	
□ \$25 Filing Fee	□ \$ 55	Filing Fee & Certified Copy

□ \$25 Filing Fee

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. Name of the limited liability company: IRON HO	RSE RECEIVABLES II LLC	
2. (a) 6620 Southpoint Drive SouthSuite 230	(b) 6620 Southpoint Drive SouthSuite 230	
Principal office address of limited liability company:	Mailing address of limited liability company:	
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)	
Jacksonville, FL 32216	Jacksonville, FL 32216	
2/9/2018	M18000001431	
3. Date of filing/registration in Florida	4. Document number	
5. (a) BLUMBERGEXCELSIOR CORPORATE SE	ERVICES, INC.	
Registered Agent and Registered Office shown on the records of 155 OFFICE PLAZA DRIVE 1ST FLC	The Florida Dept. of State: OOR ADDRESS SS THE	
Registered Office Address (MUST BE FLORIDA STREET)	The Florida Dept. of State: OOR ADDRESS 32301	
TALLAHASSEE	FL 32301	
Enter name of NEW Registered Agent and/or NEW Registered 155 Office Plaza Dr.	! Office address:	
NEW Registered Office Address:		
Suite A		
Tallahassee, FI	32301	
agent will be identical. Or, in the case of a Florida limited li was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	f the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company.	
/s/ Traci Krieger Thompson Signature of a member or authorized representative of a member	Traci Krieger Thompson Authorized Person Printed or typed name of signee	
I hardly accent the appointment as registered agent and ag	rece to act in this capacity. I further agree to comply with the eperformance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been	
Signature of Registered Agent		