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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Nº 22

TO: Registration Section Division of Corporations

ч,

IED Investments, LLC

SUBJECT: _____

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:

Kylie Conrad & Kayla King

Name of Person

Corp1, Inc.

Firm/Company

7700 E Arapahoe Rd Ste 220

Address

Centennial, CO 80112

City/State and Zip Code

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

For further information concerning this matter, please call:

Kylie Conrad	720 at (823-9273
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		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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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.

(a)	118 WILLOWBROOK DRIVE	(b) ¹¹	8 WILLOWBROOK DRIVE
(,	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	DUNCANVILLE, TX 75116		UNCANVILLE, TX 75116
	01/24/2019	MIS	200000831
	Date of filing/registration in Florida	4.	Document number
(a)	MLG SERVICES, LLC		
()	Registered Agent and Registered Office shown on the records	of the Florida Dep	t. of State:
	7284 W. PALMETTO PARK ROAD		
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	
	STE 101		(***,1) ****
	BOCA RATON	33433	
	BOCA RATON	rtz <u> </u>	· · · · · · · · · · · · · · · · ·
(b)	Registered Agents Inc		
. ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address	s: E
	7901 4th St N		S 6 17
			6. 1
	NEW Registered Office Address:		

change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ D'RAY MOORMAN

D'RAY MOORMAN

Signature of a member or authorized representative of a member

Printed or typed name of signee

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

/s/ David Roberts

Signature of Registered Agent

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