(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	09/27/2021					
	Jennifer Bialowas					
Reference #	1479779					
	e:	IIP-FL 2 LLC				
☐ Articl	es of Incorporation/Authori	zation to Transact Business				
☐ Amer	ndment					
✓ Chan	nge of Agent					
Reinstatement						
☐ Conv	rersion					
☐ Merg	er					
☐ Dissolution/Withdrawal						
☐ Fictiti	ous Name					
Other	r					
Authorized A	Amount: 25.00					
Signature: _	Chi					
	- // '					



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Othe	er					
Authorized	Amount: 25.00					
Signature: _.						

F: +852.2682.9790

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.

1 107 10	и.		
1. N	ame of the limited liability company: IP-FL 2	! LLC	
2. (a)		(b)	
` ^	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No	Change
	February 21, 2020		M20000002095
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T CORPORATION SYSTEM		
. ,	Registered Agent and Registered Office shown on the recor	ds of the Florida Dept.	of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	
	PLANTATION	. FL. 33324	2021 SEP SECRETE TALLA
(b)	COGENCY GLOBAL INC.		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	tered Office address:	27 A
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	. FL_32301	
agent v	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the member cles of organization or the operating agreement of	ss of the registered ed liability compan ers of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	ian Wolfe	Brian Wol	lfe
Signature of a member or authorized representative of a member			Printed or typed name of signee
the obli to mere	oy accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as prov by reflect a change in the registered office addres. I'in writing of this change.	l agree to act in this dele performance o vided for in Chapte x. I hereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been

/s/ Tim Mayville

Signature of Registered Agent