

M23000006956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

J. HORNE
MAY 22 2024

Office Use Only



800429188158

FILED

2024 MAY -8 AM 10:27

RECEIVED

2024 MAY -8 PM 1:53

DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2024

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: IPC ONE LLC
Ref. Number: M23000006756

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

WE WILL STILL NEED A CERTIFICATE FROM DELAWARE SHOWING THE COMMA IN THE NAME.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 524A00010368

*Please keep original filing date
Thank you*

RECEIVED
2024 MAY 21 PM 2:12
DIVISION OF CORPORATIONS

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/08/2024

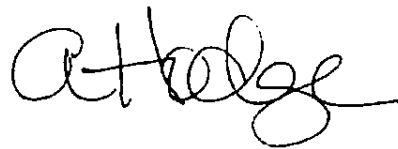
NAME: IPC ONE, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read "A Hodge", written over the printed name "PAUL HODGE".

ACCOUNT: FCA000000015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IPC ONE, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John "B.J." Ibach

Name of Person

Burr & Forman LLP

Firm/Company

50 N Laura St., Ste. 3000

Address

Jacksonville, FL 32202

City/State and Zip Code

alafionatis@lafionatislaw.com

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

For further information concerning this matter, please call:

Sarah Price

at (904) 232-7277

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: IPC ONE, LLC

SECOND: The Florida Document number of the limited liability company is: M23000006756

THIRD: Document to be corrected is: Application by Foreign Limited Liability Company for Authorization to Tran

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The Name of Foreign Limited Liability Company in Section I is incorrect and should contain a comma, as follows:

IPC ONE, LLC

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Designated by:
Arthur Lafonatis
SHCBH13WA3MO400

May 9, 2024

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

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.

Registered Agent's Signature

Filing Fee:	\$25.00
Certified Copy:	\$30.00 (optional)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IPC ONE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IPC ONE, LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

7002711 8300

SR# 20242309326

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203522297

Date: 05-21-24

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Firm/Company

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Jacksonville, FL 32202

City/State and Zip Code

alafionatis@lafionatislaw.com

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

For further information concerning this matter, please call:

Sarah Price

at (904) 232-7277

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

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Division of Corporations
P.O. Box 6327
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