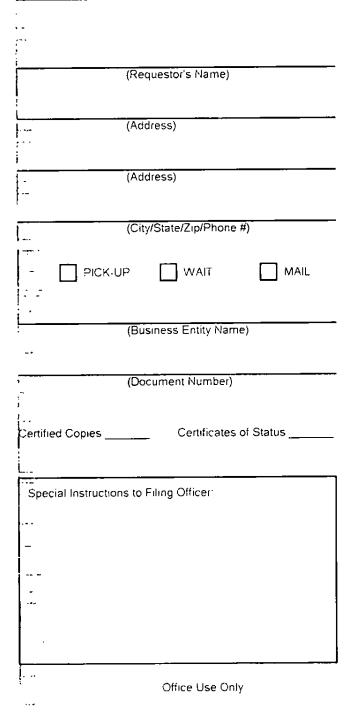
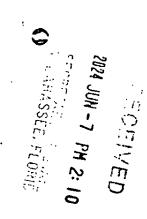
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: IPC THREE, LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) a	re 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 Street, Suite 3000	
Address	
Jacksonville, FL 32202	
City/State and Zip Code	
alafionatis@lafionatislaw.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, p	blease call:
Sarah Price	904 232-7277 at ()
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 a ■\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status CR2E055 (9/15)	mount: □ \$55 Filing Fee & □ \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Enter new principal office address, if applicable:	814 N A1A Hwy., Suite 205 Ponte Vedra Beach, FL 32082		
(Principal office address			
MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	814 N A1A Hwy., Suite 205		
	Ponte Vedra Beach, FL 32082		
2. The Florida document number of this limited li	iability company is: M23000011508		
3. Jurisdiction of its organization: DE			
4. Date authorized to do business in Florida: $\frac{09/0}{2}$	07/2023		
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: (mu	st contain "Limited Liability Company," "L.L.C.," or "LLC.")		
	d for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name. C." or "LLC.")		
	red officer address on our records, enter the name of the new address here:		
registered agent and/or the new registered office a			
Name of New Registered Agent:	<u> </u>		
Name of New Registered Agent:	Enter Florida Street Address		

Thereby 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.

itle/ Capacity	<u>Name</u>	Address	Type of Actio
AP	CHALMERS, FRASER	822 N. ATA HIGHWAY, SUITE 310	\Add
	PONTE VEDRA BEACH, FL 32082	= Reme	
AP CHALMERS, FRASER	814 N A1A Hwy., Suite 205	= Add	
	Ponte Vedra Beach, FL 32082	□Rem	
			□Rem
			□Rem
			□Add
aforementio	a certificate, if required: no more that ned amendment(s), duly authenticated under the law of which this entity is c	d by the official having custody of records in th	□Rem

Filing Fee: \$25.00