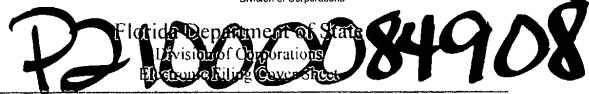
3/9/22, 3:13 PM

Division of Corporations



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Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

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REGISTERED AGENT CHANGE IAPARTMENTS, INC.

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O SIMMONS MAR 15 2022

From: Lexus Win

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

To: +18506176350

By:

Page: 4 of 4

statement of char	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi r to change its registered office or register	zed under the laws of the State of Florida	
1. The name of t 2. The principal	he corporation: <u>IAPARTMENTS, INC.</u> office address: <u>201 E. KENNEDY BLVD S</u>	TE 1925 TAMPA. FL 33602	
	ddress (if different):		
4. Date of incorp	ooration/qualification: 9/29/2021	Document number: P21000084908	
	street address of the current registered ag tment of State: (If resigned, enter resigned		
	TK REGISTERED AGENT, INC.		
	101 E. KENNEDY BLVD STE 2700 TAM	PA, FL 33602	2022 HAR -9 AH 10: 40
6. The name and (ifchanged):	street address of the new registered agen	(if changed) and /or registered office	10 AC
	C T Corporation System		
	1200 South Pine Island Road		न्तं ८
	P.O. Box Plantation, Florida 33324	NOT acceptable	
The street addre	ess of its registered office and the street a be identical.	ddress of the business office of its regis	tered agent,
Such change wa authorized by th	is authorized by resolution duly adopted be board, or the corporation has been not	by its board of directors or by an office ified in writing of the change.	r so
/s/Lori Jones-F	Keck	Lori Jones-Keck, CFO	
I hereby accept I further agree t of my duties, an document is bei	e of an officer or director the appointment as registered agent and a comply with the provisions of all statu d I am familiar with and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change. System	tes relative to the proper and complete i	performance 1. Or, if this irm that the
	en Agnes Jensen, Asst Secretary	3/9/2022	
If signing on bel	half of an entity:	Date	
• • • • • • • • • • • • • • • • • • • •	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)