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• (Re	questor's Name)				
(Address)					
(Address)					
(Cit	ry/State/Zip/Phone	; #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
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SECAEDARY OF CLARICA
TAIL AHASSEE FLOADING

J. HARRIS

TO: Registration Section Division of Corporations				
Investment For Six,LLC	!			
	of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Morton Watson	†			
Name of Person				
Investment For Six,llc				
Firm/Company				
14260 W. Newberry Road #350				
Address				
Newberry, FI 32669-2765				
City/State and Zip Code				
morton@investmentforsix.com				
E-mail address: (to be used for future annu	al report notification)			
For further information concerning this matter, p	please call:			
Morton Watson	352 450-0097			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314			
Enclosed is a check for the following a	imount:			
☐ \$25 Filing Fee	☑ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1

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.

I. Na	me of the limited liability company:	nt For Six,L	LC	
2. (a)	9280 SW 10th Ave	(+	9280 SV	V 10th Ave
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		,\	Hailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Trenton, FI 32693-5475		Trenton,	FI 32693-5475
	04/30/2015		L2000050	0355
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Morton Watson			
5. (a)	Registered Agent and Registered Office shown on the record	ds of the Florid	a Dept. of State	#
	9280 SW 10th Ave			
	Registered Office Address (MUST BE FLORIDA STRE	E <u>ET ADDRES</u>	<u>S)</u>	
		•		T. 28
	Trenton	32693	-5475	2017 JUL 21 SECALIANAS SALLANASS
		. 1 ¹ L		AR E
(b)				21
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	tered Office ad	dress:	ms a mi
	Morton Watson			- 1
	NEW Registered Office Address:			<u> </u>
	14260 W. Newberry Road #350	· · · · · · · · · · · · · · · · · · ·		
	Newberry	32669	-2765	
		, FL		
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of	ss of the regi ed liability co ers of the lin	stered office ompany, it is hited liability	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
M	orton Watson	Мо	rton Watso	on
Signa	ture of a member or authorized representative of a member	-		Printed or typed name of signee
provisi the obt to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address of in writing of this change.	d agree to ac pleie perform wided for in (ss. I hereby c	t in this cape lance of my c Chapter 605 onfirm that i	icity. I further agree to comply with the duties, and I am familiar with and accept . F.S. Or, if this document is being filed the limited liability company has been
Signatu	orton Watson re of Registered Agent	_		