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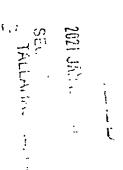
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 162   NVESTMENT Group Name of Limited Li	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the f	ollowing:
Teja Jones Name of Person	
162 Investment Group, LLC Firm/Company	_
964 Morning Light Rd. Address	
Jackson VIII Fl. 32218 City/State and Zip Code	
Contact @ 102 Investment arm P.Co. E-mail address: (to be used for future annual report notified	cation)
For further information concerning this matter, please call:	
Teja Jones at (904) Name of Person	) 894 - 4302 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	5 Filing Fee & Certified Copy
[ Y INHS18 (2/14)	

## 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.

l. Na	me of the limited liability company: 162 [	vestn	nent C	Group, L	.LC		
2. (a)	01.11.00			lawton		2 .	
(,	Principal office address offimited liability company:  (Note: MUST BE STREET ADDRESS)			failing address of li	imited liabil	lity company:	
	Jacksonville, Fl. 32218	<u>-</u>	Jacks	sonville,	Fl :	32208	
	12/30/2020		Lo	2100000	8132		
3.	Date of filing/registration in Florida	4.	Ī	Document numb	Эег		
5. (a)	Tony Jones						
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	:			
	QLY Morning Light Rd Registered Office Address MUST BE FLORIDA STREET	ADDRESS					
1	Jacksonville, Ft. 32218	<del></del>					
	Jacksonville, FI	32	218				
(b)	Tony Curry					_	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	dress:	() _	25. 17.07	<u></u>	
	01.11.10.20	1		Ţ		11.1	
	964 Morning Light Ro NEW Registered Office Address:	<u>a</u>		:	-		
	NEW Registered Office Address.				· .	<u>.</u> İ	
						T	
	Jacksonville	300	) (C		-  f	•	_
	Jacksonville, Fi	322	-18		•		3
If the li	mited liability company is not organized under the law or changes are made, the Florida street address of the	ws of the	State of Flor	rida, it is hereby	confirme	ed that after	the
agent w	ill be identical. Or, in the case of a Florida limited lis	ability cor	mpany, it is	hereby confirm	ed that the	e change(s)	
the artic	re authorized by an affirmative vote of the members of organization or the operating agreement of the	of the limi limited li	ited liability ability com	company or as cany.	otherwise	e provided i	n
$\Omega$	ure of a member or authorized representative of a member			Printed or typed na	ones	00	
Lherek	ov accept the appaintment as registered agent and acc	ree to act	in this cana	city I further a	oreas to a	amala with t	tha
provision the oblication to mere	ons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I it is writing of this change.	performa d for in C hereby co	nce of my di hapter 605, nfirm that th	uties, and I am ) F.S. Or, if this ne limited liabili	lamiliar w documen itv compa	vith and acc it is being fil ny has been	ne rept led
Jy	a Junos						
Signatur	e of Registered Agent						