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## LLC REGISTERED AGENT CHANGE FLORIDA FINANCIAL GROUP INVESTMENTS, LLG

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## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

			ROUP INVESTMENTS, LLC	
	me of the limited liability company: c/o HOFFER CONSULTING, LLC		c/o HOFFER CONSULTING, LLC	
( <del>-</del> <u>-</u>	Principal office address of limited frability company:  (Note: MUST BE STREET ADDRESS)  100 STERLING PARKWAY. SUITE G19	_	Mailing address of limited hability company:  (Note: MAY RE POST OFFICE BOX)  100 STERLING PARKWAY. SUITE G19	
	MECHANICSBURG, PA 17050		MECHANICSBURG, PA 17050	
	08/12/2021		1.21000362793	
3, = 65	Date of filing/registration in Florida KLITENICK, RICHARD M, ESQ		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the 1009 SIMONTON STREET	Dept. of State.		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		
	KEY WEST, FL_	33040		
(b)	C T CORPORATION SYSTEM  Enter name of NEW Registered Agent and/or NEW Registered			
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u></u>	
	NEW Registered Office Address: 1200 SOUTH PINE ISLAND ROAD		<u> </u>	
	PLANTATION, FL	33324	· · · · · · · · · · · · · · · · · · ·	
the cha agent w was we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- tice authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the S the regist ability con of the limi	State of Florida, it is hereby confirmed that after ered office and the business office of the registered apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in	
Signal	we of a member or authorized representative of a member	Printed or typed name of signee		
I heret provisi the obli to mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	performa d for in C ierehy coi	nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed aftern that the limited liability company has been	
nonijiec Bv:	CT CORPORATION SYSTEM Stylene Hong		phanie Hencz,	
	re of Registered Agent	As	sistant Secretary	