F160000002697

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) States E.p. Hone ")
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, ,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
3
Office Use Only

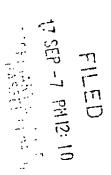


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S TALLENT SEP 1 4 2017

RIDICH





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscqlobal.com

Date: September 5, 2017

Order#: 772449-295

Re: INVESTABILITY REAL ESTATE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

.Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Tecora Bell c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

Pursuant to the provisions of sections		607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of DE
in order to change its registe		red office or registered agent, or both, in the State of Florida.
1. The name of the corporation: INVE		Circle Point Rd. 2nd Floor, Westminster, CO 80020
2. The principal office address:		0 Circle Point Rd, 2nd Floor Westminster, CO 80020
3. The mailing address (if different):		1000 Abernathy Rd, Ste 200 Atlanta, GA 30328-5604
		06/14/2016 F16000002697
	ooration/qualification	
5. The name and Florida Depar	I street address of the tment of State: (If res	current registered agent and registered office on file with the igned, enter resigned)
	C T CORPORATIO	SYSTEM
	1200 SOUTH PINE	ISLAND ROAD
	PLANTATION	FL 33324
6. The name and (if changed):	I street address of the	new registered agent (if changed) and /or registered office
	Corporation Service	Company
	1201 Hays Street	<u> </u>
		P.O. Box NOT acceptable
	Tallahassee	FL 32301
as changed will	be identical.	Iffice and the street address of the business office of its registered agent.
Such change was authorized by the	as authorized by resone board, or the corpo	llution duly adopted by its board of directors or by an officer so oration has been notified in writing of the change.
		Jill Cilmi, Vice President
7	ire of an officer of director	Printed or typed name and title
I further agree performance of agent. Or, if th hereby confirm	to comply with the pi my duties, and I am is document is being	registered agent and agree to act in this capacity. revisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I has been notified in writing of this change. This is been notified in writing of this change.
By: XX	ace Co-Kubi	08/31/2017
Sig	gnature of Registered Agent	Date
If signing on be	chalf of an entity:	
	, Asst. Vice Presiden	ıt
7	Typed or Printed Name	
		* * * FILING FEE: \$35.00 * * *
M	MAKE CHECT IAIL TO: DIVISION OF	KS PAYABLE TO FLORIDA DEPARTMENT OF STATE CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)