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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| SUBJECT: COT Investments Name of Limited Liability 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 following: | | |
| C.D. Towers Jr. Name of Person | | |
| CDT Investments, LLC Firm/Company | | |
| 6215 Wilson Blud #5 | | |
| Jacksonville, FL 32210 City/State and Zip Code | | |
| SKW @r+law.com E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Sharon Woodbery at (904) 379-8697 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 amount: | | |
| \$25 Filing Fee \$\times \text{S55 Filing Fee & Certified Copy} | | |

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company:

| 1. Name of the limited liability company: | Investments, LLC |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. (a) Principal office address of limited liability compan | y: 1301 Riverplace Blud Ste 1500 |
| (Note: MUST BE STREET ADDRESS) | Jacksonville, FL 32210 |
| (b) Mailing address of limited liability company: | 1301 Riverplace Blue Ste 1500 |
| (Note: MAY BE POST OFFICE BOX) | Jacksonville FL 32210 |
| 3/17/1003 | L03000011127 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: |
| Registered Agent: | C.D. Towers dr. |
| Registered Office Address: | 1301 Riverplace Blud Ste 1500 |
| | Jacksonville, Lotato |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | W Registered Office address: |
| NEW Registered Agent: | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 6215 Wilson Blud #5 Jacksonville ,FL 32210 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability compants. Signature of a member or authorized representative of a member. Printed or typed name of signee. I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plant of am familiar with and accept the obligations of my process of the provisions of the plant of the provisions of the plant of | Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by. 12 JUL 30 FLERE SOLUTION OF THE SOLUTION OF TH |
| chapter out, r.s. Or, if this document is being filed to maddress, hereby confirm that the limited liability compar | erety reflect a change in the registered office ny has been notified in writing of this change. |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent

owers