## 20300049167

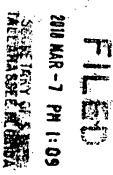
(Re	equestor's Name)					
(Ad	dress)					
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
<b>(</b> Bu	siness Entity Nan	ne)				
(Do	ocument Number)	·				
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					
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Office Use Only



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03/07/18--01015--022 \*\*25.00



J. HARRIS

## **COVER LETTER**

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SUBJ			19. 0
	Nam	e of Limited Li	ability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the	following:
Deni	se Fowler		
_	Name of Person	<u> </u>	<del></del> .
RALS	S, LLC		
	Firm/Company		<del></del>
1013	Centre Rd, Suite 403S		
	Address		<del></del>
Wilm	ington, DE 19805		
	City/State and Zip Code		<del></del>
E	E-mail address: (to be used for future annu	al report notifi	ication)
For fu	rther information concerning this matter,	please call:	
Denis	se Fowler	800 at (	400-6650
	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	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	☑ \$25 Filing Fee	□ \$5	5 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 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.

1. N	ame of the limited liability company: PRIME INVES	TMEN	ITS LLC				
2. (a)	4281 EXPRESS LANE	(b	4281 E	XPRESS LANE			
- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	• (-	, <del></del>	Mailing address of limited (Note: MAY BE POST			
	L5924		L5924				
	SARASOTA, FL 34238	-	SARAS	SOTA, FL 34238			
	11/20/2003		L030000	949167			
3.	Date of filing/registration in Florida	4.		Document number	· · · · · ·		
5. (a)	REGISTERED AGENTS LEGAL SERVICES,	INC.					
(-,	Registered Agent and Registered Office shown on the records of the 155 OFFICE PLAZA DR.	e Florida	Dept. of Sta	ite:	<b>27</b> 0	- <b>N</b> D -	
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	3	<del></del>			-
	SUITE A	2271200	<u>, , , , , , , , , , , , , , , , , , , </u>	_	ARA	MAR -	ا <del>خواده</del> مخوده
	TALLAHASSEE F. 3	32301			第三	÷	
(b)	REGISTERED AGENTS LEGAL SERVICES, Enter name of NEW Registered Agent and/or NEW Registered O		dress:	_		: 09	<u> </u>
	NEW Registered Office Address:						
	, FL			_			
the ch agent was/w	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab tere authorized by an affirmative vote of the members of clicles of organization or the operating agreement of the li	he regist the limited to	stered office ompany, it ited liability con	te and the business off is hereby confirmed the ty company or as othe mpany	fice of the nat the ch rwise pro	e registe	ered
_(/,	Leph,	Ch	45 L -	PLAINES TO	L C	€ 0	
	ature of a member or authorized representative of a member			Printed or typed name o	f signee		
1	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete publications of my position as registered agent as provided rely reflect a change in the registered office address, I had a my iting of this change.	e to act erform for in C ereby co	in this cap ance of my Chapter 60 onfirm that	pacity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability co	to comp liar with ument is ompany l	ly with i and acc being fil ias beer	the zept led 1
Signati	ire of Registered Agent						