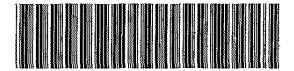
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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

Division of Corporations	
SUBJECT: JWS INVE	estment Company, LLC
(Name	of Limited Liability Company)
Dear Sir or Madam:	•
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Joshua W. Schr. (Name of Person)	ager
UWS Investment	- Company, uc
Venture Corporate	Center II
200 S. Park Road (Address)	d-Suite 320
HOHYWOOD FC (City/State and Zip Code)	33021
For further information concerning this r	matter, please call:
Toshua W. Schrages	at (954) 963-7120 Ext. 22 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the follo	owing amount:
\$25 Filing Fee	☐ \$55 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 under liability company submits the following statement in order to change its registered offic agent, or both, in the State of Florida.	rsigne e or l	ed limited registered
1. The name of the limited liability company is: TWS Investment (OM,	any,L
2. The mailing address of the limited liability company is:		nfer I
200 5. Park Road - Suite 320 - Holly Wood ,	PL	. 330
12/30/2003 1 030000568	354	<u> </u>
3. Date of filing/registration in Florida 4. Document number		
5. The name of the registered agent and the registered office address as shown on the reconflorida Department of State: Shua Shuager Name Name Address Address City, State and Zip	06	the DIV
6. The name and address of the new registered agent and/or office: Schrager Venture Constitute Senter II 200 S. Fark Road - State 320 Florida street address (P.O. Box NOT acceptable) Holywood, FL 33021 City, State and Zip	AUG -7 PM 1: 02	FILED CRETARY OF STATE SION OF CORPORATIONS
If the limited liability company is not organized under the laws of the State of Florida, it is confirmed that after the change or changes are made, the Florida street address of the regis and the business office of the registered agent will be identical. Or, in the case of a Florid liability company, it is hereby confirmed that the change(s) was/were authorized by an aff of the members of the limited liability company or as otherwise provided in the articles of the operating agreement of the limited liability company.	stered la lim Irmat	l office ited ive vote
(Signature of a member of authorized representative of a member) Dishua U. Schrager		
I hereby accept the appointment as registered agent and agree to act in this capacity. If comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent as presented by the company of the company is being filled to merely reflect a change in the regulators, I hereby donfirm that the limited liability company has been notified in writing of (Signature of Registered Agent)	urthe ? of m 'ovide istere f this	r agree to ny duties, ed for in ed office change.

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