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(Re	equestor's Name)	***
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PICK-UP	WAIT	MAIL
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TRANSMITTAL LETTER

Division of C					
SUBJECT:	R. Gordon 8	Associates Investments LLC			
	(Name of Li	mited Liability Company)			
	ed office Change of Amendment and fee(s) are su				
Please return all corres	spondence concerning this matter	r to the following:			
	R	andali Gordon			
	O	Name of Person)	TALL	9	
	R. Gordon & A	ssociates Investments LLC	AHA	AUG-2	E-1000
		Firm/Company)	SSEE	-2 P	
	970	O Azure Lane	, FLO	PH 12: 21	7
(Address)			ŽD.	28	
	We	ston FL 33326			
	(City)	State and Zip Code)		•	
For further information	n concerning this matter, please of	eali:			
	Randall Gordon	at 407 415-102	24		
	(Name of Person)	(Arca Code & Daytime	e Telephone Number)		
Enclosed is a check for the	ne following amount:				
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is en		

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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. The name of the limited liability company is:	R. Gordon & Associates Investments LL	
2. The mailing address of the limited liability company is:	ny is: 10275 Collins Ave. Apt. 116	
	Bal Harbour FL 33154	
March 9, 2004	L04000018554	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered offic Florida Department of State: Randall Gord		
Name		
10275 Collins Ave.	Apt. 116 - Apr. 116	
Address Bal Harbour FL 3		
City, State and	Zip	
6. The name and address of the new registered agent and/or	r office:	
Randall Gordon		
Name 970 Azure Lane	O):	
Florida street address (P.O. Bo	x NOT acceptable)	
Weston FI 33	3326	
City, State and Z	ip	
If the limited liability company is not organized under the leonfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwith operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of	
· ·		
Randall Gordon (Printed or typed name of signee)	🗕 in the state of	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proand I am familiar with and accept the obligations of my pochapter 808, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.	
(Signature of Registered Agent)	Administration (1) and the second of the sec	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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