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SECRETARY OF STATE
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EXAMINER

- COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ		vestments Properties, LLC Limited Liability Company
Dear S	Sir or Madam:	
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to the following:
	William L Ketchersid	
	Name of Person	
	Ward & Ketchersid, P.A.	2018 FEB
	1241 Airport Road, Suite I	100 miles
	Address Destin, Florida 32541	
	City/State and Zip Code	
	bketchersid@flaattorney.co	t notification)
	William L Ketchersid	at (850) 837-5507 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 followi	ing 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 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:	CDS Investments Properties, LLC
2. (a) Principal office address of limited liability con	npany:
(Note: MUST BE STREET ADDRESS)	4507 FURLING LANE, SUITE 209 Destin, Florida 32541
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	4507 FURLING LANE, SUITE 209 Destin, Florida 32541
10/14/2004	L04000074709
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:
Registered Agent:	R. Scott Whitehead
Registered Office Address:	4507 FURLING LANE SUITE 209 Destin, Florida 32541
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	r NEW Registered Office address: William L Ketchersid
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Ward & Ketchersid, P.A. 1241 Airport Road, Suite H Destin ,FL32541
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability or the operation of the limited liability or the limited liability or the limited liability or the limited liability or the limited liability	r the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization
Printed or typed name of signee	
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, ny position as registered agent as provided for in to merely reflect a change in the registered office npany has been notified in writing of this change.
Signature of Registered Agent	

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