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## **COVER LETTER**

TO: Registration Section Division of Corporations			
•			
SUBJECT: //VESTMENTS LLC (Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter t	o the following:		
FRAIK P. CONNORS (Name of Person)			
(Name of Person)	addina.		
MIN ESTA TO 110			
/NVESTMENTS LLC (Firm/Company)	_		
985 EAST HAY WAY D-101	<del></del>		
(1 sulution)			
NAPLES , FL 34104 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please cal	1.		
	1.		
FRANK P CONVORS at (908	399- 3294		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section			
Division of Corporations Di	orporations Division of Corporations		
9	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$\times \\$25 \text{ Filing Fee} \square \\$\$  \$\tag{\$\text{\$}}\$\$	\$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. The name of the limited liability company is: \_IN UEST M ENTS \_LL 2. The mailing address of the limited liability company is: 985 EAST HAM WAY. D-101 NAPLES FL 34104 L04000083044 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CORPORATION SERVICE COMPANY
Name 1201 HAYS STREET

Address

TAILA HASSEE, FL 32301

City, State and Zip 6. The name and address of the new registered agent and/or office: FRANK P CONNURS

Name

985 EAST HAM WAY D-101

Florida street address (P.O. Box NOT acceptable) NAPLES FL 34104
City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) FRANK D. CONNORS

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)