## 1000000005115

(Re	questor's Name)				
(Ad	dress)				
,					
(Ad	dress)				
(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name	e) :			
(Do	cument Number)				
Certified Copies	_ Certificates o	of Status			
Special Instructions to Filing Officer:					

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SECRETARY OF STATE
AND A STATE

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## **COVER LETTER**

Division of Corporations				
SUBJECT: Schulman Investment Gro	<del></del>		····	
(Name of	Limited Liab	oility Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Chang	ge and fee(s) are submitted	d for filing.	
Please return all correspondence concerning	g this matter	to the following:		
Scott Schulman				
(Name of Person)		<del></del>		
Schulman Investment Group LLC		<u></u>	O7 C	
(Firm/Company)			DEC 13	
16375 NE 18th Avenue, Suite 332			SSE	
(Address)	·		EC 13 PH 12: 56 AHASSEE, FLORIDA	
North Miami Beach, Florida 33162			65.75 65.75 65.75 65.75	
(City/State and Zip Code)				
For further information concerning this mat	ter, please ca	all:		
Scott Schulman	at ( 305	<sub>)</sub> 725-8447		
(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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following	ng amount:			
<b>✓</b> \$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. The name of the limit	ed liability company is	S: Schulman Inves	stment Group LLC			
2. The mailing address of	of the limited liability c	company is : 163	375 NE 18th Avenue	, Suite 332		
North Miami Beach, Florid	a 33162					
June 27, 2006		L06000065115				
3. Date of filing/registration in Florida		4.	4. Document number			
5. The name of the regist Florida Department of		istered office ad	dress as shown on	the records o	of the	
	Scott Schulman					
		Name	•			
	6035 Shelton Street			<b>=</b> _		
	Address			O71	ranges)	
	Sebring, Florirda 338	y, State and Zip	<del> </del>	AF C		
6. The name and address of the new registered agent and/or office:			ice:	C 13 6	Grant B	
	Scott Schulman			PH 12: OF STA		
	<del></del>	Name		2: 56 STATE LORID		
	16375 NE 18th Aven	nue, Suite 332		<u> </u>		
	Florida street addres	ss (P.O. Box <b>N</b> C	OT acceptable)			
	North Miami Beach	FL 33162		····		
	City,	State and Zip				
If the limited liability conconfirmed that after the cand the business office o liability company, it is he of the members of the lift or the operating agreeme	change or changes are refither registered agent wereby confirmed that the mited liability company of the limited liability.	made, the Florid vill be identical. he change(s) was y or as otherwise ty company.	la street address of Or, in the case of s/were authorized b	the registere a Florida lim v an affirma	d office nited tive vote	
(organistic of a member of autho	rized representative of a mem	DC17				
Scott Schulman						
(Printed or typed name of signed I hereby accept the apportunity with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm Ccell Schulman	•	agent and agree ve to the proper ns of my position tiled to merely ity company has	to act in this capa and complete perfo n as registered age reflect a change in s been notified in w	city. I furthe ormance of h nt as provide the registere riting of this	er agree to ny duties, ed for in ed office change.	
(Signature of Registered Agent)		-				

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