## L07000074405

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700312689917

05/03/18--01007--027 \*\*25.00

FILED

18 MAY -3 PN 2:54

SECRETARY OF STATE

K SALY MAY - 9 2018

## STATENIENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

## LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

## Lakota Investments LLC

1. Nar	ne of the limited liability company:	a mvesiments lile				
2. (a)	Jason Winkler	(b)				
	Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POSTOFFICE BOX)					
	1495 Pecos Dr.					
	Ormond Beach, FL 32174					
	JulyB2007	L070	00074405			
3	Date of filing/registration in Florida	a 4.	Document number			
(a)	Fred Winkler					
	Registered Agent and Registered Office shown on th	1.1				
	Fred Winkler		: (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	<u> </u>		
	Registered Office Address <u>OWSTBEFLORIDA STI</u> Summer Bay Dr.	· · · · · · · · · · · · · · · · · · ·				
	St. Augustine	, FL32080		5. 2.		
(b)	Jason Winkler					
	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office addr	ress:			
	Jason Winkler					
	NEW Registered Office Address:		<del></del>			
	1495 Pecos Dr.					
	Ormond Beach	32174				

Letter Attached

If the limited liability company is not organized under change or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited li- authorized by an affinitive vote of the members of the organization or the operating agreement of the limited	of the registered office and the iability company, it is hereby a limited liability company or	he business office of the confirmed that the cha	e registered agent inge(s) was/were
Member & Manager Signature of a member or authorized representative of a member	Fred Winkler	(Sole Member	
I hereby accept the appointment as registered agent provisions of all statutes relative to the Proper and CC	and agree to act in this capa	-	
to merely reflect a change in the registered office add in writing of this change.  Signature of Registered Agent	ress, I hereby confirm that th	ne limited liability comp	pany has notified
Division of Corporations. FILING FEE: \$25.00 mHS18 (2/14)	. P.o. Box 6327' Tallahasse	ee, FL 32314	
	OVER LETTER May 1, 2018 CT:	18 M - 3	FILE "
Name of Li	imited Liability Company		D 2: 54
Dear Sir or Madam:		•	<u>ក្</u> និ
The enclosed Registered Agent/Registered Office Charlese return all correspondence concerning this matter.		for filing.	
Jason Winkler			
Name of Person			
Lakota Investments LLC			
Firm/Company			
1495 Pecos Dr.			
Address			
Ormond Beach, FL 32174			

City/State and Zip Code

jwinkler@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

Jason Winkler

919

395-7465

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

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

Enclosed is a check for the following amount:

a \$25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS1g (2/14)

Charle for \$75,00 is enclosed