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Office Use Only



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2016 JUL -6 PM 12: 46

K. SALY EXAMINER

JUL -7

COVER LETTER

TO:	Registration Section Division of Corporations	•				
SURI	ECT:	nvestments G&	J, LLC			
БОВ	Name of Limited Liability Company					
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Registered Of	fice Change and t	fee(s) are submitted for filing.			
Please	e return all correspondence concerning t	his matter to the f	ollowing:			
Guid	lo D Chipy					
	Name of Person		_			
Inve	stments G&J, LLC					
	Firm/Company		-			
120	01 S Ocean Dr, APT 905 S					
	Address		_			
Holly	/wood, FL 33019					
-	City/State and Zip Code		_			
gchi	py@aol.com					
	E-mail address: (to be used for future an	nual report notifi	cation)			
For fi	urther information concerning this matte	r, please call:				
Guid	lo D Chipy	786	280- 3300			
	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	Reg Div P.O	distration Section dision of Corporations disposed Box 6327 dahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			

INHS18 (2/14)

STATEMENT 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.

. Na	me of the limited liability company: Investments	G&J, LL(
2. (a)	1201 S Ocean Dr, Apt 905S	(b)	1201 S	Ocean Dr, APT 905S
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Hollywood, FL 33019	_	Hollywoo	od, FL 33019
	09/19/2007	 L	.0700009	95651
	Date of filing/registration in Florida			Document number
	Guido D Chipy			
. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	::
	2851 NE 183 St, #917E			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	Aventura, FI	33160		7016 JEL SECORE
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	ress:	FILED 2016 JUL-6 PK 12: 46 SECKETARY OF STATE TALLAHASSEE, FLORID,
	NEW Registered Office Address:			
	1201 S Ocean Dr, Apt 905S			
	Hollywood , FI	_33019		
he changent was/we he arti	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member of authorized representative of a member by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide	f the regist iability coro of the limited li Guid	tered office mpany, it is ted liability ability con to D Chip in this cape	e and the business office of the registere is hereby confirmed that the change(s) by company or as otherwise provided in apany. Printed or typed name of signee activ. I further agree to comply with the
o mer iotifie	ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change	ea for in C hereby co	napter 603 nfirm that	, r.s. Or, ij this aocument is being filed the limited liability company has been