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2020 JUN 26 PM 5: 2 SECRETARY OF STATE

O. BRUCE AUG 12 2020

COVER LETTER

Division of Corporations	·	
SUBJECT: DTJ INVESTMENTS, L Name of Limited Lia	ability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and f	cc(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fo	ollowing:	
Sara Tobi Lewinger Name of Person DTJ INVESTMENTS LLC Firm/Company 2600 ISLANDA BLVD - #A Address		
AVENTURA, FL 33160 City/State and Zip Code + Obile winger a gmail. Con E-mail address: (to be used for futury annual report notific For further information concerning this matter, please call: Sara Tobi Lewinger Name of Person	A HASSE	2020 JUN 26 PH 5: 20
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

Registration Section

TO:

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.

1. N:	ame of the limited liability company: DTJ lov	ESTMEN	75, LLC	
	2600 154AND BLVD #2906		- m &	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(6) 50	Mailing address of lin	nited liability company:
	AVENTURA FL 33160			
	6/18/20		L0800007	6934
3.	Date of filing/registration in Florida	4.	Document number	er
5. (a)	MORRIS LAW GROUP			
` ,	Registered Agent and Registered Office shown on the records of the		State:	
	7284 w Palmetto Park Ro	<i>X</i>		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		
	Suite 101			2020 SE
	BOCA RATON FOR - , FL	3343	3	T T T
	Course D. Co.			HR 26
(b)	· · · · · · · · · · · · · · · · · · ·	<u> </u>		SSE PH
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		E.S. A.
	2600 ISLAND BLUD			STATE E.FL
	NEW Registered Office Address:	_		
	APT 2906			
	Aug at the A	33160)	
	AVENTURA .FL	9 3100		
If the I	imited liability company is not organized under the law	s of the State of	f Florida, it is hereby	confirmed that after the
	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial			
was/w	ere authorized by an affirmative vote of the members of	f the limited liab	oility company or as o	
the girt	icles of diganization or the operating agreement of the l	limited liability	company.	LEWINGER
Sienz	ture of a member or authorized representative of a member	_	Printed or typed nar	
U	•	ee to act in this		e
provis the ob	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h	performance of l for in Chapter	my duties, and I am fo 605. F.S. Or. if this o	amiliar with and accept locument is being filed
to mer notifie	elv reflect a change in the registered office address, I h d in writing of this change.	ěreby confirm t	hat the limited liabilit	y company has been
Cit	2 Di Man			
Signati	are of Registered Agent			