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S. WARREN JUN 3 0 2017

COVER LETTER

Division of Corporations
SUBJECT: ANB INVESTMENTS I LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Frank Denoun Name of Person
Firm/Company
35310 N Federal Hwy #202
Ft. Lauderdale, Fl. 33308 City/State and Lip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Frank Denoun at (984) 51dt - 7590 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:

🖺 \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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

rioria	
1. Na	une of the limited liability company: ANB LAIVESTMENTS I, LIC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 3(0) U COMMETCIAL BIVE Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 4.5 Suite 45
	Ft. Landerdale, Fl 33309 Ft landerdale, Fl 33309
	L 09000011042
	02/03/2009 26-42/6037
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Cy (ORPOYALC SCRUICS LINC) Registered Agent and Registered Office shown on the records of the Florida Dept. of State-
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	600 BRICKELL Ave Ste 3500
	Miami .Ft. 33131 29 F
(b)	
` .	trater name of NEW Registered Agent and/of NEW Registered Office address:
	NEW Registered Office Address:
	Boca Raton, FL 33431
the changent was/w the art	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company. A printed of typed name of signed ture of interest the appointment as registered agent and agree to act in this capacity. I further agree to comply with the limits of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been
to mer notifie	ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been d in writing of this change.

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

Signature of Registerer Agent