L090000 48363

| (R | equestor's Name) | | | | | |
|---|------------------------|--------|--|--|--|--|
| (Address) | | | | | | |
| (A | ddress) | | | | | |
| (C | ity/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates of | Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | |
|----------------------|--|--|
| cimi | BEST IN | IVEST REALTY, LLC |
| SUBJ | | e of Limited Liability Company |
| Dear S | Sir or Madam: | |
| The er | nclosed Registered Agent/Registered Offic | ce Change and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this | s matter to the following: |
| | KATRIN WET | 7SS |
| | Name of Person | |
| | BEST INVEST | REALTY, LLC |
| | Firm/Company | |
| | 1609 NE 36" | St |
| | Address | |
| | Cape Coral, | FL 33909 |
| | City/State and Zip Code | |
| | Kati@ BIR1. het | - |
| I | E-mail address: (to be used for future annu | al report notification) |
| For fu | rther information concerning this matter, p | please call: |
| | Katrin Waiss | at (239) 777 - 0005 |
| | Name of Person | Area Code & Daytime Telephone Number |
| | STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | | Registration Section |
| | Division of Corporations Division of Corporations | |
| | Clifton Building P.O. Box 6327 | |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 |
| | Enclosed is a check for the following a | amount: |
| \$25 Filing Fee | | □ \$55 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.

| 1. Na | me of the limited liability company: | T INVE | ST REAL | TY, M | | | |
|----------------------------------|--|--|---|--|---|---|--|
| 2. (a) | | (b) | | | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (-/ | Mailing address | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | 1222 SE 47 FS+ #115 | | | | | | |
| | | | | SE &7 Coral, | | 2291/ | |
| | Cape Coral, FL 33904 | _ | Саре | Coral, | Th | 33704 | |
| | 05/19/2009 | | L0900 | 00483 | 63 | | |
| 3. | Date of filing/registration in Florida | 4. | Document i | number | | | |
| 5. (a) | KATRIN WESS Registered Agent and Registered Office shown on the records of the | | | | | | |
| , , | | | of State: | | | | |
| | BEST INVEST REALTY | ,uc | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | | | | | | |
| | 1222 SE 47 St # 115 | | | | | 9 | |
| | 1222 SE 47th St # 115 Cape Coral ,FL | 33904 | | | 55 | 333 | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 7 | | | | 22 | |
| (b) | Enter name of NEW Registered Agent and/o NEW Registered (| | | | 12 | 14 mg = 1 | |
| | Enter name of NEW Registered Agent and/o NEW Registered (| Office address: |) | | | | |
| | | | | | ÷. | ` | |
| | NEW Registered Office Address: | | | | 5.2 | | |
| | 4406 DEL PRADO 8 | 7 KD .C | # 41 | | | •• | |
| | THE DEL TANGE O | <i>DV D</i> 0. | | | | | |
| | Cape Coral , FL | 32909 | 4 | | | | |
| 7 0.1 1 | | | | | | | |
| the cha | mited liability company is not organized under the law nge or changes are made, the Florida street address of t | he registered | office and the bus | iness office | of the | registered | |
| agent w | vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of | bility compar | ny, it is hereby con | firmed that | the cha | inge(s) | |
| the arti | cles of organization or the operating agreement of the li | imited liabili | ty company. | | - | vided in | |
| | | | Kat | nin Wes | is | | |
| Signat | ure of a member or authorized representative of a member | | Printed or typ | ed name of sig | nee | | |
| provision the obli to mere | by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I ha I in writing of this change. | te to act in the performance of for in Chapte ereby confirm | is capacity. I furth of my duties, and I er 605, F.S. Or, if 1 that the limited li | ier agree to am familiai this docum ability com | comply with a ent is b pany ho | with the and accept eing filed as been | |

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

Signature of Registered Agent