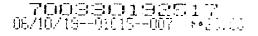
L10000 55776

(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:						

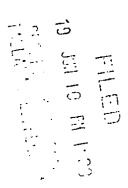
Office Use Only



700330192517



JUN 2 2 2019 S. YOUNG



COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations Cane Garden Bay Investments 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: Todd Gleb Name of Person Cane Garden Bay Investments LLC Firm/Company 27748 215th PL SE Address Maple Valley WA 98038 City/State and Zip Code todd@gleb.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Todd Gleb Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section **Registration Section Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy **■** \$25 Filing Fee

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	ame of the limited liability company:	вауп	ives	itments	LLC	
2. (a)	27748 215th PL SE	(1	(b) 27748 215th PL SE			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 `		M	failing address of lim (Note: MAY BE PC	ited liability company:
	Maple Valley		М	aple Va		
	Washington 98038		W	ashingt	ton 98038	
	05/24/2010		L10	000005	5776	
3.	Date of filing/registration in Florida	4.		1	Document numbe	T
5. (a)	Brook Steinway					
\mathcal{I} . (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dep	t. of State:	:	
	4 Highland Avenue					- 3
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					THED PLAN
	Dunedin	34698				
	, r.L					
(b)	Janis Jacobson					
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldress	;		
	1731 Gulfview Drive					
	NEW Registered Office Address:	<u>.</u>				
	Tarpon Springs	34689				
the cha agent w was/we the arti	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi bility co f the lin limited	stere ompa nited liabil	d office iny, it is liability lity comp	and the business of hereby confirmed company or as of pany.	office of the registered that the change(s) therwise provided in
	ure of a member or authorized representative of a member		ie	DS E-	Gi.El Printed or typed name	a of simus
l hereb provision the oblit to mere notifica	ov accept the appointment as registered agent and agricons of all statutes relative to the proper and complete equitions of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	ee to ac	t in t	his capae	city. I further aei	ree to comply with the