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(Re	equestor's Name)	
V	- ,,	
(Ac	dress)	
()	dress)	
(~`	uless)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv



02/14/1701	「 SEGREDANT CF こるいい 当ALLANASSEE, FLORIDA			00
•	MELMANSSEE, FLORIDJ	SECRETARY OF STATL	2017 FEB 13 AM (0: 52	

K. SALY FEB 1 6 2017

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ____

Name of Limited	Liability Co	mpany	
		and a second	
Dear Sir or Madam:		and the second s	
	:	and the	•
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are	submitted for filing.	-

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100 4

Please return all correspondence concerning this matter to the following:

Matt Martise

1

Name of Person

Outlier Investments

Firm/Company

Address

415 Holly Road

Vero Beach, FL

City/State and Zip Code

mmartise@gmail.com

E-mail address: (to be used for future annual report notification)

e ver châte

For further information concerning this matter, please call:

Matt Martise	914 at (2275782	
Name of Person	Area Code & Daytime Telephone Num		
STREET/COURIER ADDRESS:	M	AILING ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Ta	llahassee, Florida 32314	
Tallahassee, Florida 32301			

·15

Enclosed is a check for the following amount:

2 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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; Outlier Investme	ents L	LC		
2. (a)	415 Holly Road	(b	415 Hol	ly Road	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (0		Mailing address of limit (Note: MAY BE PO.	
	Vero Beach FL 32963		Vero Be	ach FL 32963	
	11/20/2010		L100001:	20978	
3.	Date of filing/registration in Florida	4.		Document number	r
5. (a)	Matt Martise			_	
	Registered Agent and Registered Office shown on the records of the	Florida	Dept. of Stat	e:	
: • :	1418 21st/Street, Vero Beach FL 32960			· ', " _	. 20
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS	<u>)</u>		ZINITEB ZANTEB
				-	AH EB
	, FL			_	ASSI I
(1)	Matt Martise				AHID: 52
(b)	Enter name of NEW Registered Agent and/or NEW Registered Of	ffice add	lress:	-	L'015
	415 Holly Road. Vero Beach FL 32963				1152 1101
	<u>NEW</u> Registered Office Address:			_	
				_	
	, FL			_	
agent v was/w	imited liability company is not organized under the laws inge or changes are mach the Florida'street address of the will be identical. Or, figthe case of a Florida limited liability of the zed by an affirmative vote of the members of the icle of irganization or the operating agreement of the limited	ility co the lim mited l	mpany, it i ited liabilit iability cor	s hereby confirmed y company or as ot	onfirmed that after office of the registered I that the change(s) herwise provided in
	of a member in athorized, presentative of a member	Mat	t Martise	Printed or typed name	e of signer
provisi the ob]	by accept the appointment as registered agent and agree on the first statutes reactive to the proper and complete per that his of my positive as registered agent as provided f ely offer in change withe registered office address. I her	e to act erform for in (reby co	in this cap ance of my Chapter 60. onfirm that	••	•
Signal	re Registerer gent				
	Division of Corporations• P.O. Bo	x 6325	a Tallaha	5500 FL 37314	
	FILING FEI			5566, I I <i>I 040</i> 17	

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