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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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Certified Copies	Certificate	s of Status		
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COVER LETTER

TO: Registration Section Division of Corporations	.,	
SUBJECT: Liberti 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	g this matter to the following:	
Marie B Code, Esq		
Name of Person		
Marie B. Code Esq. P.L.		
Firm/Company		
1308 SW 27th Terrace Address	· 	
Cape Coral FL 33914 City/State and Zip Code		
marie@marieesquire.cor E-mail address: (to be used for future annual report	n notification)	
For further information concerning this ma	tter, please call:	
Marie B Code, Esq Name of Person	at (239) 829-0063 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	ing amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:	Liberti Investments	LLC
2. (a) Principal office address of limited liability comp	any: 8961 Cont	ference Dr. Ste 2
(Note: MUST BE STREET ADDRESS)	Fort Myers, FL 33919	9
(b) Mailing address of limited liability company:	8961 Confere	nce Dr. Ste 2
(Note: MAY BE POST OFFICE BOX)	Fort Myers, FL 33919	9
06/30/2011	1110000	₹5778 ≥
3. Date of filing/registration in Florida	4. Document number	E 2
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	SS Pept. of tale
Registered Agent:	Code, Marie B Esq	EST :
Registered Office Address:	1202 SE 8th Place S Cape Coral FL 33990	te B
<u>NEW</u> Registered Agent:<u>NEW</u> Registered Office Address:	1308 SW 27th Terrace	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1308 SW 27th Terra	<u>ce</u>
	Cape Coral	,FL <u>33914</u>
If the limited liability company is not organized under t confirmed that after the change or changes are made, th and the business office of the registered agent will be id liability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability comp	e Florida street address of the tical. Or, in the case of a e(s) was/were authorized by therwise provided in the arti	he registered office Florida limited an affirmative vote
Marie B Code, Esq Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capace proper and complete perfo position as registered agen merely reflect a change in a pany has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office

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