L11000096782

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
		:			

Office Use Only



200288381402

08/11/16--01018--010 **55.00

TAILANASSEE, FLORID



COVER LETTER

D: Registration Section Division of Corporations							
SUBJECT: RWD 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:							
Richard Dickey Name of Person							
RND INVESTMENTS LLC Firm/Company							
3700 NOTTHWIND CT	SECRETAL						
City/State and Zip Code							
E-mail address: (to be/used for future annual report notification)							
For further information concerning this matter, please call:							
Richard Dickey at (561) 743-7206 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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:							
□ \$25 Filing Fee & Certified Copy							
NHS18 (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:	NVEST	MENTS LLC	
2.	(a)	RWD/NVESTMENTS LLC	_ (b) _	RND INVESTMENTS LLC Mailing address of limited liability company:	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(<u>Note: MAY BE POST OFFICE BOX</u>)	
		3700 Northwind Ct		3100 Northwind Ct	
		Jupiter, FL 33477		Vupiter, FL 33477	
		August 8th 2016			
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	Michael B. Comconich Registered Agent and Registered Office shown on the records of the	he Florida De	ont of State	
			ne i fortua ize	pi. or date.	
		1583 WIND TIFF OPIVE Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
		Jupiter, FL 33477	<u>.</u>	TALL SECT	
		, FL_			
	(b)	Richard Dickey		LED ARY OF	
	` ′	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	85 P.S.	
		3700 Northwind Cr		Z: 01	
		NEW Registered Office Address:			
		Jupiter, FL 33477			
		. FL			
		,	0.1.5		
the ag	e cha ent v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the register bility comp f the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in	
		Lichard Sliekers		Richard Dickey	
-	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.					
Si	gnatu	re of Registered Agent			