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## **COVER LETTER**

Division of Corporations	
SUBJECT: UGQ Truestn	
Nar	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Jennifer Greco Name of Person	
JG2 Investments L Firm/Company	LC
701 Evening Sky Dr Jaddress J	
Oviedo, Fr. 32745 City/State and Zip Code	
Benail address: (to be used for future an	nual report notification)
For further information concerning this matter	r, please call:
Venniler Greco  Name of Person	at (501) 543-9293  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	g 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: <u>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\</u>	nvest <i>n</i>	nents	LLC			_
2. (a)	Clo Greco	(b)		C/O Gre	200		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of (Note: MAY B			
	731 0		701	G.	CL 7	N C	
	101 grening Sky DC	_	^	Luchiva	3PM	<u> </u>	_
	Oviedo, M 32 160	<del></del>	<u> </u>	do, r	3211	<u> </u>	_
	3/9/12		L120	00035	193		
3.	Date of filing/registration in Florida	4.		Document nu	ımber		
5. (a)	John F. Greco Jr						
	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State	2:			
	2569 E Community Dr			-			
	Registered Office Address (MUST BE FLOR) DA STREET A	<u>(DDRESS)</u>					
	Chapter,			-		<del>_</del>	
	Jupiter ,FL	<u>334</u>	58	_		e in the second	
	`				50 50 70 70		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	_	7. 11.	- 1.	
		·			· · · ·		
	701 Guenna SkyDr			_		후 - 4	
	NEW Registered Office Address: 0				5-11	රි	
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the cha	imited liability company is not organized under the law inge or changes are made, the Florida street address of	the regist	ered office	e and the busin	ness office	of the register	ed
agent w	vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of	ability con of the limi	npany, it i: ted liabilit	s hereby confi v company or	irmed that t as otherwis	he change(s) se provided in	ı
the arti	cles of organization or the operating agreement of the	limited li	ability con	npany.		•	
<u> </u>			Jen	Printed or type	reco	nee	
	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr	ee to act	in this can		-		he.
provisi	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ty reflect a change in the registered office address, I	performa d for in C	nce of my hanter 60	duties, and I of FS Or if t	am familiar this docume	with and acc	ept ed
to mere	ely reflect a change in the registered office address, I if it is writing of this change.	hereby co	nfirm that	the limited lia	ibility comp	oany has been	• •
	John II						
Signatu	re of Registered Agont						