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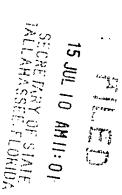
(F	Requestor's Name)	
(/	Address)	
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V	Address	
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PICK-UP	☐ WAIT ☐ MAIL	
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COVER LETTER

Registration Section

Division of Corporations

TO:

INHS18 (2/14)

SUBJECT: Control Credit Tweeste	newto LLC/DBA Carkon Credit Real Estate
Name of Limi	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
Robert Stolpmann Name of Person	· · · · · · · · · · · · · · · · · · ·
Carbon Credit Investment	5 LIC
Firm/Company 3137 3137 S. Atlantic AVE	# ₂
Address	
Daytona Boh Shares, Fl City/State and Zip Code	32118
Stolpmannt D Me. Co E-mail address: (to be used for future annual report	
For further information concerning this matter, please ca	II·
Robert Stotmann at (3) Name of Person	
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	□ \$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 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. Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) L120000 97611 7-30 -2012 Date of filing/registration in Florida 3. Document number Robert Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by anyaffirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company Signature of a member or authorized representative of a member 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 charge.

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

Signature of Registered Agent