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(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
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## **COVER LETTER**

_	on Section of Corporations					
SUBJECT: Car	rmay Investments, LLC					
	Name	e of Limite	d Liability Company			•
Dear Sir or Mada	m:					
The enclosed Reg	istered Agent/Registered Offic	ce Change	and fee(s) are submitted for fill	ing.		
Please return all c	orrespondence concerning this	s matter to	the following:			
Mary G. McCa	rty, Paralegal					
	Name of Person					
Wickens, Herz	er, Panza, Cook & Batista	a Co.		57		
	Firm/Company					(S
35765 Chester	r Road			HASS	FEB 2	e a
100	Address			m L	_ ס	1
Avon, OH 440	11-1262			30 J.	12: 0억	Ç
	City/State and Zip Code			P	09	
Rick@parkviev	whomesfla.com					
E-mail addr	ess: (to be used for future annu	ial report n	otification)			
For further inform	nation concerning this matter,	olease call:				
Daniel C. Urba	n	440 _ at (	695-8082			
N	ame of Person	_ " \	Area Code & Daytime To	elephone	Numbe	r
Registrati Division e Clifton B 2661 Exe	/COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle ee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed	is a check for the following :	amount:				
<b>☑</b> \$25 Fil	ing Fee		\$55 Filing Fee & Certified C	ору		

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. N	ame of the limited liability company: Carmay inve	estments	, LLC	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		/i	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4153 Arlington Drive		22700 F	Royalton Road
	Palm Harbor, FL 34685-2685		Strongs	ville, OH 44149-3838
	August 3, 2012		L1200016	00404
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
(-)	Registered Agent and Registered Office shown on the records of Carol A. Puzzitiello	of the Florida	Dept. of State	 t <del>c:</del> .
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS	<u> </u>	- 17A 20
	2727 Saddlewood Lane		_	21 H
	Palm Harbor , P	L 34685		T FEB 21
(b)	Enter name of NEW Registered Agent and/or NEW Registers	-d Office add		
	Cutet same or AFA Vedareten Washi surnot AFA Vessield	O OBSE NO	11331.	STATE STATE
	Ross A. Puzzitiello			09 116 110A
	NEW Registered Office Address:			-
	4153 Arlington Drive			_
	Palm Harbor	<sub>L</sub> 34685-	2685	
the cha agent v was/we the arti Signa I herei provisi the obli- to mere notified	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited language authorized by an affirmative vote of the members cles of organization or the operating agreement of the proper and completely accept the appointment as registered agent and as one of all statutes relative to the proper and completing the proper and completing the proper of the proper and completing the reflect a change in the registered agent as provided in writing of this change.  Division of Corporations P.O.	of the regis liability co of the lim e limited l  Ricl gree to act e performa ed for in C	tered office mpany, it is ited liability lability com- nard A. Po- in this cape ince of my of hapter 605 infirm that i	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in a npany.  **UZZİİLEĞİÖ, Jr.**  Printed or typed name of signee to comply with the cacity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
	FILING )			-