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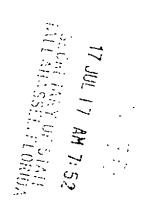
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## **COVER LETTER**

INHS18 (2/14)

TO: Registration Section Division of Corporations					
SUBJECT: CAG INVESTMENTS, LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
Scott Crowell	~~				
Name of Person					
CAG INVESTMENTS, LLC					
Firm/Company					
27251 Wesley Chapel Blvd , Suite 406					
Address					
Wesley Chapel, Fl 33544					
City/State and Zip Code					
scrowe9@hotmail.com					
E-mail address: (to be used for future annu	ual report notification)				
For further information concerning this matter,	please call:				
Scott Crowell	813 862-2588				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee. Florida 32314				
Enclosed is a check for the following	amount:				
<b>△</b> \$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.

mpany: CAG INVEST	MENTS	S, LLC		
LC.	(h	(b) CAG INVESTMENTS, LLC		
	_ (0		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
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Florida street address of ase of a Florida limited lia we vote of the members of perating agreement of the lesentative of a member	the regis bility co the limited li Sco	tered office mpany, it is ited liability ability con tt Crowel	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.  I Printed or typed name of signee activ. I further agree to comply with the	
	Itimited liability company:  ITREET ADDRESS)  Blvd , Suite 406  Office shown on the records of the stration in Florida  Diffice shown on the records of the stration in Florida  Diffice shown on the records of the stration in Florida  Diffice shown on the records of the shown on the records of the strategy of the strategy of the strategy of the street address of the street	Itimited liability company:  ITREET ADDRESS)  Blvd , Suite 406  S44  Diffice shown on the records of the Florida  UST BE FLORIDA STREET ADDRESS  Blvd , Suite 406  FL 33544  Determine and/or NEW Registered Office address of the registered agreement of the limited liability continued to the limited limi	Elimited liability company:  ETREET ADDRESS)  Blvd , Suite 406  Enation in Florida  Blvd , Suite 406  Enation in Florida  Example of State 406  Enation in Florida  Example of State 406  Enation in Florida  Example of State 406  Enatl and/or NEW Registered Office address:  Blvd , Suite 406  Enatl and/or NEW Registered Office address:  Blvd , Suite 406  Enatl and/or NEW Registered Office address:  Enable of a Florida Imited liability company, it is it is every of the members of the limited liability containing agreement of t	

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

Signature of Registered Agent