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COVER LETTER

Registration Section

Division of Corporations Florida Investments Network LLC SUBJECT: 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: Lawrence C Demers Name of Person Florida Investments Network LLC Firm/Company 18033 Edgewater Dr Address Port Charlotte, FL 33948 City/State and Zip Code Idemers12@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lawrence C Demers 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 32314 Tallahassee, Florida 32301 Enclosed is a check for the following 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.

. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing	g address of limited liability company: e: MAY BE POST OFFICE BOX)
	18033 Edgewater Dr		18033 Edgev	
	Port Charlotte, FL 33948		Port Charlotte	e, FL 33948
	03/04/2013		L1300003243	2
	Date of filing/registration in Florida	4.	Docu	ument number
. (a)	Jan Demers			
. (4)	Registered Agent and Registered Office shown on the records	of the Florid	la Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET 19265 Abhenry Cir	ET ADDRES	<u>S)</u>	25.
	Port Charlotte	FL 33948		16 JUN
(b)	Lawrence C Demers Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	red Office a	ddress:	10 PH 3: 42 SSEE, FLORIDA
	NEW Registered Office Address:		······································	≥ No
	18033 Edgewater Dr			
	Port Charlotte	FL 33948	i.	
ie cha gent v /as/w	imited liability company is not organized under the unge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membericles of organization or the operating agreement of the company of the company of the operating agreement of the company of	of the reg l liability or rs of the lind the limited	istered office and company, it is here nited liability com	the business office of the registered by confirmed that the change(s) apany or as otherwise provided in the change
Signa	ture of a member of authorized representative of a member			ed or typed name of signee
rovisi he obl o mer	by accept the appointment as registered agent and cons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address of in writing of this change.	agree to ac ete perforn ided for in . I hereby c	et in this capacity.	I further agree to comply with th