113000127762

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: THUSON, CALLER, Hodge Investigations					
Name of Emmed Elability 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:					
SHATIQUA SON Name of Person					
Firm/Company					
122-17 192WS STRECT Address					
SpringField GARDENS NY 1/4/3 City/State and Zip Code					
Chiminal INTENT ANDERSON a GMail COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
SHATIQUE ANNERSON at (9/7) 77/-814/(888) 973-1/8 Name of Person 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 amount:					
□ \$25 Filing Fee \$55 Filing Fee & Certified Copy					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

rursi subm Florii	ant to the provisions of sections 603.0114 or 603.0116, its the following statement in order to change its regi	stered (office or regi	unaersignea limited itability company stered agent, or both, in the State of
	ame of the limited liability company:	CARI	er, Hoc	GE INVESTIGATIONS LLC
2. (a)		_ (b)(
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ,	Ma	iling address of limited liability company: Note: MAY BE POST OFFICE BOX)
	3413 PICADILLY LANE	_	3413	PICADILLY LANE
	PANAMA Pity, FL 32405	_	PANAL	14 City, FL 32405
	9/10/13		L130	00127761
3.	Date of filing/registration in Florida	4.	D	ocument number
5. (a	RICHARD HUDSON			
	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A)	<u>DDRESS</u>	2	
	3413 ticabilly LANE			7 S - 1
-	PANAMA City, FL	324	105	7 SECRE
d-X	l l			ASS
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	lress:	m S in
	SHATIONA SINDERSON			PH IZ:
	NEW Registered Office Address:			24 DA
	7940 FRONT BEACH KS	#2	2017	. "
	PANAMA City BEACH, FL	<u>324</u>	to7	
If the	limited liability company is not organized under the law	s of the	State of Flori	da, it is hereby confirmed that after
agent	sange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of	bility co	mpany, it is h	ereby confirmed that the change(s)
the ar	icles of organization or the operating agreement of the l	imited I	iability compa	any.
\checkmark	katiqua AnderSor	_	SHATI QU	ANNESON
_	ature of a member of authorized representative of a member			rinted or typed name of signee
I her provi	eby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p	e to act verform	in this capac ance of my du	ity. I further agree to comply with the ties, and I am familiar with and accept
the ol to me notifi	sions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I hely in writing of this change.	for in C ereby co	chapter 605, I onfirm that the	C.S. Or, if this document is being filed in the limited liability company has been
\mathcal{L}	historia SaderSerf			
, & igna	ure of Registered Agent			