1130001590918

(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:					

Office Use Only



600319229036

10/16/18--01049--018 *•25.00

OCT 2 4 2018 S. YOUNG FIEED

18 OCT 15 PH 6: 55
SECRETARY 2019 OCT 15 MH 10: 13
JALLAHASSEE, FLORIDA

COVER LETTER

Investments, LL
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:
Daniel S. Tarek	
DNT Investments (Firm/Company	LC Es. 5
14790 N. Kendall Dr. #91	61146 ERRES
Miani, FL 33196 City/State and Zip Code	EE, FLOR
Hatek & De gnail. Com E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please call	! :
Daniel S. Tarek at (7) Name of Person	86, 238-5675 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

P.O. Box 6327

INHS18 (2/14)

Division of Corporations

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

Clifton Building

\$25 Filing Fee

"TO:

Registration Section Division of Corporations

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.

	· TIT	- -	12.4. 2.4.	110
1. Na	me of the limited liability company:	<u>TU.</u>	<u>vestments,</u>	
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			imited liability company: POST OFFICE BOX)
	16347 SW 95 Lane			J95 (cne
	1) 5	-	<u> </u>	1 33196
	Miam, FL 33196	-	1 (Curi, t	(22116
	11/13/2013		L1300013	80002
3.	Date of filing/registration in Florida	4.	Document num	ber
5. (a)	Daniel S. Tarek	5		
(,	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET AI	DDRESS _I		35 500
	16347 SW 95 La	ine		CS B TI
	Miami EL	33	3196	
	D 200 T 1			SE SE
(b)	Daniel S. larek	<u></u>		
	Enter name of NEW Registered Agent and/or NEW Registered C)ffice add	lress.	6: 55
				₩ 55
	NEW Registered Office Address:			
		+ #	961146	
	Miani FI	2:	3196	
	- FL		-1 10	
If the li	mited liability company is not organized under the laws	s of the	State of Florida, it is hereb	y confirmed that after

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 an affirmative 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 change.

Signature of Registered Agent