L140000 26742

(Requestor's Name)					
(Address)					
(100.000)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
•					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special manucions to 1 ming Officer.					

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K.SALY EXMINER AUG 10



July 15, 2016

SHELLEY LAW FIRM, LLC MICHAEL SHELLEY 500 S. POINTE DR, STE. 140 MAIMI BEACH, FL 33139

SUBJECT: PROSPECTIVE LAND INVESTMENTS, LLC

Ref. Number: L14000026342

We have received your document for PROSPECTIVE LAND INVESTMENTS, LLC and your check(s) totaling \$490.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 116A00014850

Karen A Saly Regulatory Specialist II

www.sunbiz.org

· COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	Prospective	وسما	luve stue uts,	ددد
	N	ame of Limit	ed Liability Company	
Dear Sir or Madam:				
The enclosed Regist	ered Agent/Registered C	Office Change	e and fee(s) are submitted for	or filing.
Please return all corn	respondence concerning	this matter to	o the following:	
MICHA	EL SHEW	eγ		
	Name of Person			
_				
THE		AU F	im, uc	
	Firm/Company		·	
500	S. GOINTE	PRIVE	SUITE 140	
	Address			
MIMI	BEACH PL	- 33	(34	
	City/State and Zip Code	2		
ما م د م	ael a shel	ىما لىما	ufirm. com	
	s: (to be used for future a			
E-man address	s. (to be used for future a	iiiiiai report	notification)	
For further informat	ion concerning this matt	er, please ca	II:	
	SHELLEY	at (305) 798 5	
Nan	ne of Person		Area Code & Daytii	ne Telephone Numb
STREET/C	COURIER ADDRESS:		MAILING ADDRESS:	
Registration			Registration Section	
Division of Corporations			Division of Corporations	
Clifton Building 2661 Executive Center Circle			P.O. Box 6327 Tallahassee, Florida 323	1.4
	, Florida 32301		Tallallassee, Florida 525	. ¬
Enclosed is	a check for the followi	ing amount:		
☐ \$25 Filin	g Fee free 535	4	☐ \$55 Filing Fee & Certif	ed Copy
INHS18 (2/14)	435			

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.

1 101 140				_
1. Na	me of the limited liability company: VasPetice LAUD	INVE	STHENTS,	ررر
2. (a)	10800 N.W. SOUTH RIVER DR. (b) 9. (0. Box	821700	<u> </u>
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	of limited liability con	
			_	
	MEDIEY FL 33178 PEA	ARUOICE.	PINES TL	<u> </u>
				<u> </u>
	02/14/2014 L	-1400	00 26342	٧
3.	Date of filing/registration in Florida 4.	Document n	number	
5. (a)	MICHAEL SHELLEY			
()	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat	e:		
sld	1521 ALTON RUAD #870	_		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		-3	
	MIAUI BEACH FL 33139	_	ZOIG A	-
	, FL	_	AFF TO THE PARTY OF THE PARTY O	
(b)	MICHAEL SHELLEY	_	9 P	m
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		FSI	
الس	500 S. POINTE DR.		2016 AUG -9 PM 3 22 SLURE TARY OF STATE FALLAHASSEE, FLORIDA)
	NEW Registered Office Address:	_		
	SUITE 140	_		
	MIANI BEACH ,FL 33139			
the cha agent v was/we	imited liability company is not organized under the laws of the State of Flunge or changes are made, the Florida street address of the registered offic vill be identical. Or, in the case of a Florida limited liability company, it is authorized by an affirmative vote of the members of the limited liability cores of organization or the operating agreement of the limited liability cores.	e and the bus is hereby con ty company on mpany.	siness office of the firmed that the cha or as otherwise prov	registered inge(s) vided in
Signa	ture of a member or authorized representative of a member	A CHAR	ed name of signee	SIDENT
Ü				
provisi the obl to merc	by accept the appoi ntment as registered agent and agree to act in this cap ions of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 60. ely reflect a change in the registered office address, I hereby confirm that d in writing of this change.	delly. I furth duties, and I 5, F.S. Or, if the limited l	am familiar with a this document is b ability company h	and accept eing filed as been
Signatu	re of Registered Agent			
nguatu				
	Division of Corporations • P.O. Box 6327 • Tallaha	ssee, FL 323	14	

FILING FEE: \$25.00

INHS18 (2/14)