## 14000 38487

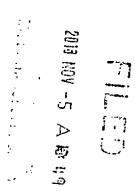
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## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Division of Corporations					
DRJR INVESTMENTS LLC	DRJR INVESTMENTS LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
DARRIN ROTMAN					
Name of Person	<del></del>				
DRJR INVESTMENTS LLC					
Firm/Company					
5127 FAIRWAY OAKS DRIVE					
Address					
WINDERMERE, FL 34786					
City/State and Zip Code					
AIOD@EMBARQMAIL.COM					
E-mail address: (to be used for future annual repo	rt notification)				
For further information concerning this matter, please of	rall:				
DARRIN ROTMAN 9	54 294-0177				
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

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. Na	ame of the limited liability company: DRJR INVEST	rmen.	TS LLC	
2. (a)	OFFICE ADDRESS	(l	MAILIN	IG ADDRESS
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5127 FAIRWAY OAKS DRIVE	_	5127 F/	AIRWAY OAKS DRIVE
	WINDERMERE, FL 34786	_	WINDE	RMERE, FL 34786
	03/06/2014		L140000	38487
3.	Date of filing/registration in Florida	4.	•	Document number
5. (a)	PARACORP INCORPORATED			
J. (u)	Registered Agent and Registered Office shown on the records of the PARACORP INCORPORATED	ne Florid	a Dept. of Sta	te:
		nnpec	21	_
	Registered Office Address (MUST BE FLORIDA STREET A.  155 OFFICE PLAZA DRIVE, 1ST FLOOR	DDKES	<u> </u>	_
	TALLAHASSEE .FL	32301		2010
(b)	DARRIN A. ROTMAN			TO V
. ,	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	dress:	; on it
	DARRIN A. ROTMAN			
	NEW Registered Office Address:			CO CO
	5127 FAIRWAY OAKS DRIVE			· O
	WINDERMERE, FL	34786		_
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the l	the regi bility c f the lin imited	stered offic ompany, it nited liabili liability co	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.
Signa	ture of a member or authorized representative of a member		RRIN A.	ROTMAN  Printed or typed name of cinates
I horo	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a Change in the registered office address. I h d inwriting of this change.	ee to ac perforn I for in ereby c	t in this cap ance of my Chapter 60 onfirm thai	Printed or typed name of signee  pacity. I further agree to comply with the  patities, and I am familiar with and accept  5, F.S. Or, if this document is being filed  the limited liability company has been

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

Signature of Registered Agent