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SEURE DARY OF STATE O

U. Smith

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Shop Family Name of Lin	Investments, LLC nited 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:	
Martha W Sunyag Name of Person		
Suryog Family Investment		-
17099 AShcomb Way Address	20 AUG 14	SLUME IAR
ESH(10), FL 33928 City/State and Zip Code	AH : ?	CCAPAL CCAPAL
E-mail address: (to be used for future annual repo	rt notification)	TICK!
For further information concerning this matter, please c	all:	
Martha Sunyog at (at (239) 571-3317 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount	t:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

STÁTEMENT 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:	Fan	SVII Ylii	J+MENT	JUC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 17099 ASh(0 mb Way Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Estero, FL 33928		Ester	O, FL	33928
3. 5. (a)	Date of filing/registration in Florida Jeff Novah Esq.	4.	Li400 (DD541	88
J. (u)	Registered Agent and Registered Office shown on the records of the 1415 Panther Lane Registered Office Address (MUST BE FLORIDA STREET ALL SUITE 327		Dept, of State:		÷
		341	109		SELAKE IV VISITAL A
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addr	<u>'ess</u> :		HALLI COMPONIA
	17099 AShComb Way	(BATTOR:
	EStero , FL	33°	J8		
change agent v was/we	imited liability company is not organized under the laws e or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egistered fility com the limit	office and the b pany, it is hereb ed liability comp	ousiness office by confirmed to cany or as other	of the registered that the change(s)
1	ture of a member or authorized teples plative of a member		Ronald	E SUN	409
I here provisi the obl to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agrec ions of all statutes relative to the proper and complete po- ligations of my position as registered agent as provided j ely reflect a change in the registered office address, I he d in writing of this change.	e to act ir	this capacity	l further agree	e to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25:00