114000059756

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

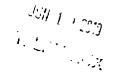


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Office Use Only



COVER LETTER

TO: Registration Section Division of Corporations			
FLAME INVESTILLC			
SUBJECT:			
Nam	e of Limited I.	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning thi	is matter to the	following:	
PEYRONNET, Francis			
Name of Person		_	
FLAME INVESTILLC			
Firm/Company		ann as	
3030 N Rocky Point Dr. W, Suite 150			
Address	<u>-</u>		
TAMPA, FL 33607			
City/State and Zip Code		· 	
francis@fp-ip.com			
E-mail address: (to be used for future annu	zal report notif	ication)	
For further information concerning this matter,	please call:		
PEYRONNET, Francis	813	580 9709	
	_ at ()	
Name of Person		Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tal	lahussee, Florida 32314	
Enclosed is a check for the following	emount:		
23 S25 Filing Fee	□ S 5	5 Filing Fee & Certified Copy	
INHS18 (2/14)			

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

l. Nan	FLAME INVE	ST LL0	
(د)		_ (h	(h)
107 _	Principal office address of limited hability company		Marling address of limited hability company. (Note: MAY BE POST OFFICE BOX)
	(Nac: MUST BE STREET ADDRESS) 5401 W KENNEDY BLVD		957 ROUTE D'EAUNES
	5401 W REMARD1 6240		
	TAMPA, FL 33609		31870 BEAUMONT SUR LEZE,
	12/22/2014		L14000059756
3.	Date of filing/registration in Florida	4.	Document number
	OEHLERKING, Steve		
5. (a)	Registered Agent and Registered Office shown on the records of the RENT SOLUTIONS		
	Registered Office Address IMUST BE FLORIDA STREET 4 5401 W KENNEDY BLVD, Suite 1030	DORES	<u>zī</u>
	TAMPA	33609	9
(b) .	Enter name of NEW Registered Agent and or NEW Registered RICAUD, Vincent INVESTUS REALTY NEW Registered Office Address 1244 Ranchero Dr.	(Mice ad	address 283 July - U
	SARASOTA, FL	34240	10 T
the char agent w was/we: the artic	mited liability company is not organized under the law inge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lif- re authorized by an affirmative ofte of the members of these of organization or the operating agreement of the	the registring of the limited	the State of Florida, it is hereby confirmed that afters, gistered office and the business office of the registered company, it is hereby confirmed that the changers imited liability company or as otherwise provided in diability company. PEYRONNET, Francis Printed or typed name of signee
I hereh provision the obtain to mere notifica	ny accept the dispointment as registered agent and agents of all statutes relative to the proper and complete gentions of all position as registered agent as provide in reflect a change in the registered office address. I in writing of this change.	ee to ak perform d for in hereby i	uct in this capacity. I further agree to comply with the mance of my duties, and I am Jamiliar with and acce on Chapter 605, F.S. Or, if this document is being file confirm that the limited liability company has been

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

ISHS18 (2/14)

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