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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 : (407)425-7010 : (407)425-2747 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:corporate@zkslawfirm.com

LLC REGISTERED AGENT CHANGE MINE INVESTMENTS, LLC

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M. SOLOMON

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COVER LETTER

TO,	Registration Section		¥
, (, , ,	Division of Corporations		
SUĖJ	* MINE INVESTMENTS, LLC ECT:		
•		Name of Limited I.	iability Company
Dear :	Sir or Mudam:		
The e	nclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Pleas	e return all correspondence concernir	ng this matter to the	following:
Ð. Sc	ott Baker		
	Name of Person		
Zimn	ierman, Kiser & Sutcliffe		
	Firm/Company		•••
315 E	. Robinson Street		· · · · · · · · · · · · · · · · · · ·
	Address		
Orlan	ido, FL 32801		
	City/State and Zip Co	ode	
corpo	orate@zkslawfirtn.com		EAST CONTRACTOR OF THE SECOND CONTRACTOR OF TH
	E-mail address: (to be used for future	e annual report noti	fication)
For f	urther information concerning this ma	atter, please call:	
Eilec	a Soto	407	425-7010
	Name of Person		Area Code & Daytimo Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303
	Enclosed is a check for the follo	wing amount:	
	S25 Filling Fee		\$55 Filing Fee & Certified Copy

2021 HAR 22 AM 9: C

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.

(a)	390 Orange Avenue, STE 1400	(b) 3	90 Orange Avenue, STE 140)0
. (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of lim	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Orlando, Fl. 3280)	0	rlando, FL 32801	
	July 24, 2014		4000117112	
	Date of filing/registration in Florida		Document number	
. (a)	B & € Corporate Services of Central Florida			
). (a)	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:	
	390 Orange Avenue, STE 1400			
	Registered Office Address (MUST BE FLORIDA STREET			
	Orlando, F	FL 32801		
(b)	D. Scott Baker			2021 MAR
	Enter name of NEW Registered Agent and/or NEW Register	<u></u> :	AR 2	
	Zimmerman, Kiser & Sutcliffe, P.A.		<u>-</u>	2 AA
	NEW Registered Office Address:			
	315 E. Robinson Street, STE 600			07
	Orlando	32801		
hang igent was/w he art	fimited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the State registered of the limite failed liable of the limited liab	ate of Florida, it is hereby office and the business officany, it is hereby confirmed liability company or as confirty company.	d that the change(s) otherwise provided in
Sign	attre of a member or authorized representative of a member	A	Printed or typed nar	me of signer
. ,	thy accept the appoiniment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address.	gree to act in ic performan	this capacity. I further as so of my duties, and I can id	gree to comply with the amiliar with and accept