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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hawk Inv. Name of Li	restment Holdings, Le Comitted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Chen Christiansen Name of Person	1
Firm/Company	
8209 Natures Way	, Suite 221
Lakewood Ranch City/State and Zip Code	FZ 34202
E-mail address: (to be used for future annual rep	Ocmail. com ort notification)
For further information concerning this matter, please	call:
Cheri Christiansenti(941) 544-5742 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec. Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amoun	nt:
	☐ \$55 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

	, 1		1 1	1111	
l. Na	ime of the limited liability company:	UK INV	ust ment	Holdings	, LC
2. (a)	8209 Natures Way	(b)	8209 1	Jatures is	Day &
	Principal office address of limited liability company:		_	of limited liability comp	-
	(Note: MUST BE STREET ADDRESS)		(Note: MAY	<u>BE POST OFFICE BO</u> `	<u>X</u>)
•	Soute 221		Su	te 221	
	Lakewood Ranch FL	34202	lakewo	rod Kanch	FL342
	9/29/14		L14000	0151291	
3.	Date of filing/registration in Florida	<u> </u>	Document n	umber	_
5. (a)	Registered Agent and Registered Office shown on the records	oration	n Agents	, Inc.	
	Registered Office Address (MUST BE FLORIDASTREE	Daks Co			
	Suite A			2018	
	Tampa, Fr	₱ 33 <u>6</u>	12	OCT I	
(b)	Chevi Christian	<u> </u>		S AR ASSE	m
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	red Office address		AM II: OF STA	
	16458 Meanderi	no Wa	11-	2	
	NEW Registered Office Address;) 102	J—		
					
	Lakewood Ranch	FL 342	202		
	imited liability company is not organized under the inge or changes are made, the Florida street address				
agent v was/we	vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member	I liability comparts of the limited	iny, it is hereby conf liability company of	firmed that the chan	ge(s)
the arti	cles of organization or the operating agreement of t	the limited liabi			
(her Christiansen		A Meny		
Signal	ture of a member or authorized representative of a member		Printed or type	ed name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.