## L15000 06a 060

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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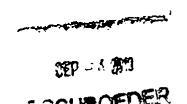
Office Use Only



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## **COVER LETTER**

INHS18 (2/14)

TO:	O: Registration Section Division of Corporations		
SUBJI	Reagan Real Estate Investr	ments,LLC	
		ne of Limited	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	Tice Change at	nd fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to th	ne following:
Paul I	Bang		
	Name of Person		
Reag	an Real Estate Investments,LLC		
	Firm/Company		<del></del>
8603	Alafia Ridge rd		
·	Address		
River	view,FL 33569		
	City/State and Zip Code		••
paulh	sbang@gmail.com		
E	-mail address: (to be used for future and	nual report no	tification)
For fur	ther information concerning this matter.	, please call:	
Paul	Bang	813 at (	484-8241
	Name of Person	(	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	7	MAILING ADDRESS:
	Registration Section	ŀ	Registration Section
	Division of Corporations		Division of Corporations
	Clifton Building		P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	7	Fallahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	☑ \$25 Filing Fee	ت	\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FC LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

l. N	ame of the limited liability company: Reagan Rea	al Estate Investm	nents,LLC	
2. (a)	8603 Alafia Ridge rd	(b) 8603 A	Alafia Ridge rd	
·	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Riverview.FL 33569	Riverv	riew.FL 33569	
	08/18/2019	L15000	062060	
	Date of filing/registration in Florida	4.	Document number	
. (a	Paul Bang			
	Registered Agent and Registered Office shown on the records of 8603 Alafia Ridge rd	stered Agent and Registered Office shown on the records of the Florida Dept. of State D3 Alafia Ridge rd		
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	AUG 23	
	Riverview	33569		
(0)	Ho Seok Paul Bang	AMIII: 17		
	Enter name of NEW Registered Agent and/or NEW Register	<u> </u>		
	8902 Aberdeen Creek Cir			
	NEW Registered Office Address:			

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registere agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the <u>operating</u> agreement of the limited liability company.

and the same of th

Paul Bang

Signature of a member or authorized representative of a member

Printed or typed 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.

Signature of Registered Agent