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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
	50 00	
Special Instructions to	Filing Officer:	

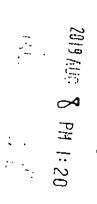
Office Use Only



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INHS18 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Rash Investments LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Alan Rash Name of Person Rash Invest Ments LLC		
3113 N Armenia AVE Address		
Tampa FL 33607 City/State and Zip Code		
Sylina@ Momentum Florida. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Alan Rash at (813) 331 - 9756 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
S25 Filing Fee		

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.

1 100 mail.	No. 1 (top 1) American
1. Name of the limited liability company:KOSh_	Investments LLC
2. (a) Offile	(b) Mailing
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2112 11 (Axmonda Axe	3113 N Armenia Ave
51.500 MINUMINE 1749	Tana = F1 32107
1011pa, PL 33601	_ <u> </u>
6/9/15	L15000107586
3. Date of filing/registration in Florida	4. Document number
5. (a) Alan Rajh	
Registered Agent and Registered Office shown on the records o	Tthe Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET	<u>(ADDRESS)</u>
905 Mooring Circle	201
Tamoa J	1_33602
A :	
(b) Alan Kash	70
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:
	<u>.</u> 20
NEW Registered Office Address:	
2113 N Armenia	
Tampa	ı <u> 33607</u>
If the limited liability company is not organized under the la	iws of the State of Florida, it is hereby confirmed that after
	of the registered office and the business office of the registered
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 operating agreement of th	Alan Rash
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 as	gree to act in this capacity. I further agree to comply with the
measisions of all statutes relative to the proper and complet	e performance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been
notified in writing of this change.	hereby confirm that the limited liability company has been
Alan Kash	
Signature of Registered Agent	