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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
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DIVISION OF COMMUNICATIONS

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August 15, 2017

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

Dear Sirs:

Recently, we filed forms to change the Registered Agent for numerous LLC's. Each form was accompanied by a \$35.00 check, all of which have been processed by the Department of State. We have since been advised that the forms we utilized were incorrect, and the proper filing fee is \$25.00.

Enclosed are Cover Letters and Statements of Change for each of the Entities listed below. We request that these forms be filed, and that a check be issued to each of the following, in the amount of \$10.00 as a refund of the \$10.00 overpayment for each filing.

Maxster LLC	L14000085543
Zane Grey LLC	L11000116669
Pisgah Pike LLC	L12000103883
Butler Investments Company LLC	L00000002311
Butler Development Company LLC	L00000002312
Lakeshore Towers LLC	L14000056080
Esplanade at Butler Plaza LLC	L16000003123
Maxwell Investments LLC	L14000052239
Wonderful Wizards LLC	L16000179380
Stengel Field North LLC	L15000091585
Shelt Investments LLC	L15000179004
Invictus Investments LLC	L15000111602
Pitt Special LLC	L14000085541
Pitt Special Odyssey LLC	L15000195368
Roads of Gold LLC	L16000187198
BP North Retention LLC	L14000004200
Maximillian LLC	L13000033789



Maximillian Designs LLC L13000098426 Maxwell Properties of Gainesville LLC L14000085672 L15000092331 Bodester LLC L13000033783 Melrose Bay LLC L12000090500 Maxmillian Investments LLC L10000123177 Zenyatta, LLC L13000156358 Stengel Field LLC A98000002726 S. Clark Butler Proerties Ltd

All of the refund checks may be mailed to 3217 SW 35th Blvd., Gainesville FL 32608.

Butler Enterprises

Cynthia Croom

Sr. Financial Analyst

COVER LETTER

Division of Corporations	
Invictus Investments LLC SUBJECT:	
	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 i	matter to the following:
Cynthia Croom	
Name of Person	
Butler Enterprises	
Firm/Company	
3217 SW 35th Blvd	
Address	
Gainesville FI 32608	
City/State and Zip Code	
corporate@butlerenterprises.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
Cynthia Croom	352 372-3581 X 317
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 an	
1545 18 (2/11) (Ferral d	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

and the second

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. Na	ume of the limited liability company:	rictus Investmer	ents LLC	
2. (a)	Invictus Investments LLC		(b) Invictus Investments LLC	
Σ. (α)	Principal office address of limited liability (Note: MUST BE STREET ADDR		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3217 SW 35th Blvd		3217 SW 35th Blvd	
	Gainesville FL 32608		Gainesville FL 32608	
	06/26/2015		∟ ₡ 15000111602	
3.	Date of filing/registration in Flo	rida 4.	. Document number	
5. (a)	Presnick, Cory			
J. (u)	Registered Agent and Registered Office shown on	the records of the Flo	•	
	Registered Office Address (MUST BE FLOR.) 3217 SW 35th Blvd	IDA STREET ADDRI	SEP -7 H S. H	
	Gainesville	3260	508 g 1 H	
(b)	Deborah J. Butler Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office	SEP -7 AH 8: H	
	NEW Registered Office Address:			
	3217 SW 35th Blvd			
	Gainesville	, FL 3260	608	
the cha agent v was/we the arti	unge or changes are made, the Florida stre vill be identical. Or, in the case of a Floriere authorized by an affirmative vote of the cles of organization or the operating agree	et address of the reda limited liability to members of the ement of the limited.	Deborah J. Butler	
Signa	ture of a member or authorized representative of a	member	Printed or typed name of signee	
provisi the obl to mere notified	by accept the appointment as registered a ions of all statutes relative to the proper a igations of my position as registered agerely reflect a change in the registered officed in writing of this change.	gent and agree to ind complete perfo it as provided for i e address. I hereb	o act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been	

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