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| PICK-UP | WAIT | MAIL | | | | | | |
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| Certified Copies | Certificates | s of Status | | | | | | |
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| Special Instructions to F | iling Officer: | | | | | | | |
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COVER LETTER

| то: | | stration Section sion of Corporations | | • | | | |
|---|---------------------|--|---------------------|--|--|--|--|
| SUBJE | ECT: | JCD Capital Investments, LLC | | | | | |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Name of Limited Liability Company | | | | | |
| Dear S | ir or N | ∕adam: | | | | | |
| The en | closec | Registered Agent/Registered (| Office Change and | fee(s) are submitted for filing. | | | |
| Please | return | all correspondence concerning | this matter to the | following: | | | |
| John Di | iGrego | rio | | | | | |
| | | Name of Person | , <u>,</u> | _ | | | |
| JCD Ca | apital I | nvestmen ts, LLC | | | | | |
| | | Firm/Company | | | | | |
| 10 Evel | lyn Co | urt | | | | | |
| | | Address | | | | | |
| Oldsma | ar, Flor | ida 34677 | | | | | |
| | | City/State and Zip Cod | e | | | | |
| johndig | gregori | o@hotmail.com | | | | | |
| E | E-mail | address: (to be used for future | annual report notif | leation) | | | |
| For fur | rther in | nformation concerning this mat | ter, please call: | | | | |
| John D | iGrego | orio | 727 at (| 710-8890 | | | |
| | | Name of Person | | Area Code & Daytime Telephone Number | | | |
| | Reg Divi P.O. | ling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| | Encl | losed is a check for the follow | ing amount: | | | | |
| | ■ \$2 | 25 Filing Fee | □ s | 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 Florida.

| I. Na | ame of the limited liability company: | stments | , LLC | | | |
|------------------------------|---|--|---|--|--|--|
| 2. (a) | 10 Evolus Court | | | (b) 10 Evelyn Court | | |
| <u> -</u> . (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (") | Mailing addres | ss of limited liability company: Y BE POST OFFICE BOX) | |
| | Oldsmar, Florida 34677 | | Old | smar. Florida 34677 | 7 | |
| | 07/23/2015 | | L150 | 00126356 | | |
| 3. | Date of filing/registration in Florida | 4. | • | Document: | number | |
| 5. (a) | Registered Agent and Registered Office shown on the records of John DiGregorio Registered Office Address (MUST BE FLORIDA STREET) 2465 Northside Drive #1208 | the Flor | rida Dept | . of State: | | |
| | Clearwater , FI | 33761 | , | | | |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> John DiGregorio <u>NEW</u> Registered Office Address: | 1 Office | address: | | FILED 2021 JUL 23 PH 5: SECRETARY OF ST TALLAHASSEE, FIL | |
| | Oldsmar | 34677 | , | | D 4 5: 50 | |
| change agent was/we the arti | imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like or authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete | ws of the regist ability of the limite | he State ered off compar limited I d liabili ohn DiG | fice and the busine ny, it is hereby con liability company (ity company). regorio Printed or ty of my duties, and it | ess office of the registered infirmed that the change(s) or as otherwise provided in ped name of signee ther agree to comply with the lam familiar with and accept | |
| the obi to mer notifie | ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do not not not not not not not not not no | a jor i hereby | n Chapi confirm | er 603, r.s. Or, i n that the limited l | iability company has been | |

FILING FEE: \$25.00