4500149305

(Requestor's Name)					
(Address)					
	Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer.					
	•				





700354679387

FILED

AM 8: 33

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2001 NOV -3 PH 12: 40

DIVISION OF CORPORATIONS



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/03/2020					
	Chris Vick					
Reference #:						
	ESTIR	NVESTMENTS LLC				
	s of Incorporation/Authoriza					
Amen	dment					
✓ Chanç	ge of Agent					
☐ Reinstatement						
Conve	ersion					
☐ Merge	☐ Merger					
Disso	lution/Withdrawal					
☐ Fictitious Name						
Other						
Authorized A	mount:\$25.00					



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/03/2020				
Name:					
	1277712				
Entity Name:	ESTIR IN	VESTMENTS LLC			
	es of Incorporation/Authorization.	on to Transact Business			
_	dment ge of Agent				
Reins	tatement				
☐ Conve					
☐ Dissolution/Withdrawal					
 ☐ Fictitious Name ☐ Other					
Authorized A	/				

COVER LETTER

TO:	Registration Section Division of Corporations		•		
SUBJ	ECT:	Estir In	vestme	ents LLC	;
	Na	me of Lir	nited Li	ability Co	ompany
Dear :	Sir or Madam:				
The e	nclosed Registered Agent/Registered O	ffice Char	nge and	fee(s) are	submitted for filing.
Please	return all correspondence concerning t	his matter	r to the	following	;:
	Stefano D'Aniello				
	Name of Person				
	D'Aniello, PA				
	Firm/Company				
	2400 SW 58th Ave.				
	Address				
	Miami, FL 33155				
	City/State and Zip Code				
	sdaniello@daniellopa.com			_	
	E-mail address: (to be used for future ar	inual repo	rt notifi	ication)	
For fu	rther information concerning this matte	r, please o	call:		
	Stefano D'Aniello	at (646)	715-8865
	Name of Person			Area C	ode & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Div P.C	gistration vision of 0), Box 63	Corporations
	Enclosed is a check for the followin	g amoun	t:		
	★. S25 Filing Fee		\$5	5 Filing	Fee & Certified Copy

INH\$18 (2/14)

Qdy)

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.	Name of the limited liability company:			Estir Investments LLC			
		2135 NW 1st Avenue		(b)	2135 NW 1st Avenue		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Miamì, FL 33127	_		Miami, FL 33127		
		9/4/2015	 -		L15000149305		
3.		Date of filing/registration in Florida	4.		Document number		
5. ((a)	Stefano D'Aniello					
		Registered Agent and Registered Office shown on the records of the	he Flor	ida Dept, of State	:		
2400 SW 58th Ave.							
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRE</u>	<u>(SS)</u>			
					2		
				33155	020 H		
(b)	b)	COGENCY GLOBAL INC.			F 11_2020 MOV -3		
·		Enter name of NEW Registered Agent and/or NEW Registered Office address:			C 5.		
		115 North Calhoun Street, Suite 4	4		ÆD Æ 8:		
		NEW Registered Office Address:			333		
		Tallahassee Fi		32301			
		Taliahassee , FL					
the ager	cha nt w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reability	gistered office company, it is imited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
				OSCAR-	B SAR-NETC 1CA-2A Printed or typed name of signee		
	_	sure of a member of authorized representative of a member			•		
prov the to m	visi obl iere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete j igations of my position as registered agent as provided by reflect a change in the registered office address, I h d in writing of this change.	ee to i perfoi l for i iereby	act in this cape rmance of my e n Chapter 605 confirm that i	acity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been		
_/s	/Er	ic Hood, Assistant Secretary					
Sign	าสถา	re of Registered Agent					