## 15000/60969

(Requestor's Name)							
(Add	dress)						
(Ad	dress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificate	s of Status					
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18 JAN 16 FM 2:50

S. WARREN JAN 17 2018

## **COVER LETTER**

•	TO: Registration Section Division of Corporations							
	SUBJECT: RJS REAL INVESTMENTS LLC	C						
	Name of Limit	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:							
	Suan Callon Schrader							
	Name of Person							
RJS REAL INVESTMENTS LLC								
Firm/Company								
	Key bis Cayne, Horida 33149  City/State and Zip Code							
	Address							
	Key bis coune, Florida 55149							
	•							
	Joschrader Ogema. Som.	60						
	E-mail address: (to be used for future annual repor	t notification)						
	For further information concerning this matter, please call:							
	Sun Gailo Schraller at (305) 3617501  Name of Person Area Code & Daytime Telephone Num							
	Name of Person Area Code & Daytime Telephone Numb							
	STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section						
	Registration Section Division of Corporations	Division of Corporations						
	Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314						
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallanassee, Florida 32314						
Enclosed is a check for the following amount:								
\$25 Filing Fee & Certified Copy								

INHS18 (2/14)

## STÅTEMENT 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.

l. Na	ame of the limited liability company:	REAL INV	VEST	MENTS LL	C
	Principal office address of limited liability con	Nar 66 (b)	- ୧୫)	Ocean Orive	Cox Mar 60
(u)	(Note: MUST RE STREET ADDRESS	77		(Note: MAY BE POS	ST OFFICE BOX)
	key biscoyne, Flori	<u> </u>	Key	bixagne	, Fbilla 371
3.	Date of filing/registration in Florida	4.		Document number	<del></del>
5. (a)	Registered Agent and Registered Office shown on the	records of the Florida I	Dept. of State	- e:	
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)		-	
		, FL		- : : : : : : : : : : : : : : : : : : :	<b>.</b>
(b)	Registered Agents Inc.			; .	
(0)	Enter name of NEW Registered Agent and/or NEW I	Registered Office adda	ress:	·	5 =
	3030 N. Rocky Point Dr.			<u> </u>	
	NEW Registered Office Address:				
	STE 150A	·			56
	Tampa	. FL 33607			
the cha agent w was/we	mited liability company is not organized und nge or changes are made, the Florida street ac vill be identical. Or, in the case of a Florida I are authorized by an affirmative vote of the m	ddress of the regist- imited liability con- embers of the limit	ered office npany, it is ted liability	e and the business of s hereby confirmed y company or as oth	ffice of the registered that the change(s)
	oles of organization or the operating agreeme  LON (2) 5 SWOOV  ure of a member or authorized representative of a member	<u>Ju</u>	ability com	Printed or typed name	tedoer
I heret provision the oblinito to mere notifica	by accept the appointment as registered agent ons of all statutes relative to the proper and c igations of my position as registered agent as ly reflect a change in the registered office an in writing of this change.			••	-