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COVER LETTER

TO: Registration Section Division of Corporations					
	INVESTMENT, LLC				
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:					
Marylane Benavert					
Milli HAWK Investme	ent LL C				
1714 W. Dempsey ava	<u>e</u>				
Taw pa, FL 3360 City/State and Zip Code	13				
E-mail address: (to be used for future annual rep	mail. Com port notification)				
For further information concerning this matter, please					
MARY Jane Beriavent au	S13 , 892-6408 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:					
☐ \$25 Filing Fee	\$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

1. Na	me of the limited liability company: _	Mi LLIH	law k	INVESTMENT	TLLC	
2. (a)	_ 1714 W. Dempsey	•	(h)			
	Principal office address of limited liabi	fity company:		•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	TAMPA FL	DRISSO (1.000. 3431 111.113	<u> (// / (C.E. B.//</u>)	
	336.03		_			
	Date of filing/registration in F			1_11,00000	16584	
3.	1 .		4.	Document number		
5. (a)		SELEY				
	Registered Agent and Registered Office shown White of States Corn	poration Ha	ente INC			
	Registered Office Address (MUST BE FLO)	<u>DACS</u>	(our)	Suita A	- 9	
	TAMIR	, FL_	3361	2	SECRET	
(b)	MARY LAVIE BE				- OF CAR	
	Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered (Office address;		A RPG	
	1714 W. Dempse	y ave			Y OF STATE Y OF STATE YOR AN II: 24	
	NEW Registered Office Address:				•••	
	Tamp A-					
		, FI	3360	<u>i3</u>		
the cha agent w was/we	mited liability company is not organize nge or changes are made, the Florida strill be identical. Or, in the case of a Flore authorized by an affirmative vote of cles of organization or the operating ag	reet address of to orida limited liab the members of	he registered of fility company the limited lia finited liability	office and the business of it is hereby confirmed ability company or as other company.	office of the registered that the change(s) herwise provided in	
Signat	use of a member or authorized representative of	a member		Vary Jane Bena Printed or typed name	of signee	
provision the oblication to mere notified	ey accept the appointment as registered ons of all statutes relative to the proper gations of my position as registered agony reflect a change in the registered off in writing of this change.	and complete prent as provided	e to act in this verformance of for in Chapter	capacity. I further agr f my duties, and I am far r 605, F.S. Or, if this do	ee to comply with the niliar with and accept ocument is being filed	
	e of Registered Agent					