## 11600000 8286

(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:						

Office Use Only

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C. GOLDEN FEB - 5 2020

## COVER LETTER

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e and fee(s) are submitted for filing.
o the following:
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notification)
II:
5 935-0507
Area Code & Daytime Telephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
☐ \$55 Filing Fee & Certified Copy
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INHS18 (2/14)

## BREIER and SEIF, P.A.

18851 NE 29th AVENUE, SUITE 405 AVENTURA, FLORIDA 33180 PHONE 305-935-0507 • FAX 305-935-0608

ROBERT G. BREIER EVAN D. SEIF

January 29, 2020

Florida Department of State Division of Corporations Ms. Claretha Golden P.O. Box 6327 Tallahassee, FL 32314

Re: Completed Forms - Change of Address -Registered Agent

Dear Ms. Golden:

Enclosed are the various forms that have been correct and completed for your review.

Sincerely,

Maria L. Williamson Legal Assistant

/mlw

Enclosures



January 15, 2020

ROBERT G. BREIER 18851 NE 29TH AVENUE SUITE 405 AVENTURA, FL 33180

SUBJECT: JUPITER INVESTMENT FUND, LLC

Ref. Number: L16000008286

We have received your document and check(s) totaling \$225.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please complete the entire form.

The entity's date of incorporation/organization must be listed in the document.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00001196

Claretha Golden Regulatory Specialist II

www.sunbiz.org

## 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. 1	Same of the limited liability company:	estment l	Fund, LLC	<u>-</u> .		
	2800 Ponce De Leon Blvd Ste 1125, Co			<del></del>	· <u></u>	
,	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	rui cao.	,\	dailing address of limited (Note: MAY BE POST	-	
	18851 NE 29th Avenue, Suite 405		18851 N	E 29th Avenue, S	Suite 405	5
	Aventura, FL 33180		Aventura, FL 33180			
	1/14/2016		L1600000	08286		
3.	Date of filing/registration in Florida	4.		Document number	-	
5. (i	Robert G. Breier Registered Agent and Registered Office shown on the records Robert G. Breier	s of the Florid	la Dept. of State	::		
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRES	<u></u>	•	~ .	
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(b	Enter name of NEW Registered Agent and/or NEW Register	arad Office a	ddrau.		PH	, , , E
	Enter haine of NEXY Registered Agent and/or Agent Register	erea comer a	<del>uuress</del> .		2:	<del>√</del>
	Robert G. Breier			-	9 1	
	NEW Registered Office Address:					
	18851 NE 29th Avenue, Suite 405			-		
	Aventura	. FL 33180	)			
the clagent was/verthe are	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of nature of a member or authorized representative of a member selve accept the appointment as registered agent and stony of all statutes relative to the proper and complete.	s of the reg d liability ors of the li- the limited	istered office company, it is nited liability liability con-	e and the business offs hereby confirmed the company or as othe spany.  Printed or typed name of the control of further cores.	fice of the hat the cherwise pro	e registered ange(s) ovided in
	envergeept the appointment as registered agent and stons of all statutes relative to the proper and completely reflect a change in the registered agent as proved reflect a change in the registered office address edfin writing of this change.	rided for in s, I hereby	Chaptér 605 confirm that	i, F.S. Or, if this doc the limited liability c	rument is ; company l	heing filed ius been