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COVER LETTER

TO: Registration Section Division of Corporations							
RED APPLE INVESTMENTS	SLLC						
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.						
Please return all correspondence concerning thi	s matter to the following:						
ANTHONY J REITANO CPA							
Name of Person							
ANTHONY J REITANO CPA LLC							
Firm/Company							
4400 N FEDERAL HIGHWAY, SUITE 2	210						
Address							
BOCA RATON, FLORIDA 33431							
City/State and Zip Code							
WORLDWBR@AOL.COM							
E-mail address: (to be used for future ann	ual report notification)						
For further information concerning this matter,	please call:						
ANTHONY J REITANO CPA	561 392-4811						
Name of Person	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

Figure 1 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:	ED AFFLE	E INVE	STMEX	ss uc	
2. (a) 370 W CAMINO GARDENS ?	SWD	(b)	370 U	1 CAMMED CA	ADENS BUD
Principal office address of limited liability (Note: MUST BE STREET ADDR.	company:	. (5).		Mailing address of lin	mited liability company: POST OFFICE BOX)
SURE 100			Sune	100	
BOCA PLATION, FL 33432	·	.	Boca	RATION, FL	33432
7-7-16		_	L1600	±0125584	
3. Date of filing/registration in Flor	ida	4.		Document numb	er
5. (a) CT CORPORATION SUSTEM					
Registered Agent and Registered Office shown on		e Florida D	ept. of State	:	
1200 3 PINE ISLAND ROA					₩ % 1
Registered Office Address (MUST BE FLORI	<u>DA STREET AD</u>	<u>(DRESS)</u>			
					.ãj O m
PLANTATION	, FL	333	24		
•					## 514 F (514)
(b) ANTHONY J DEITANO					
Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered O	ffice addr	<u>:555</u> :		35# 3
ANTHONY J PETTANO OP	Alic				
NEW Registered Office Address:	· \				
4400 N FEDERAL HWY .	SUME ZIE	>			
BOCA RATION	, FL	334	31		
If the limited liability company is not organized to the change or changes are made, the Florida stree agent will be identical. Or, in the case of a Florida was/were authorized by an affirmative vote of the the articles of arganization or the operating agree Signature of amember or authorized approvisions of all statutes relative to the proper at the obligations of my position as registered agent to merely reflect a change in the registered office notified in writing of this change. Signature of Registered Agent	t address of the la limited liable members of the linember seember and agreed a complete per address, I her	the register ility come the limited lial in the liant lian	red office pany, it is ed liability com	and the business hereby confirmed company or as opany. CLOIA Herinted or typed naticity. If further and herings and hereby and here	s office of the registered ed that the change(s) otherwise provided in ASKAMP me of signee gree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00