1/6000/55400

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SECRETARY OF STATE TALL AHASSEE, FEDRIDA



A SURDUEUE.

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: B2	Investments, uc
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Regis	stered Office Change and fee(s) are submitted for filing.
Please return all correspondence conc	cerning this matter to the following:
SUSAN Jacon Name of Pers	son
Ba Investor	
485 E South	Street
Jackson, M	I 49203
S Jaciule (a)	ag-mi. Com
	future Annual report notification)
For further information concerning th	is matter, please call:
Sysan Jacink	at (517) 783-2646
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327
Enclosed is a check for the f	ollowing 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,	\circ		•		
1. Name of the limited liability comp	pany:	INVEST	thents,	ul	
2. (a)		(b)			
Principal office address of lin (<i>Note: MUST BE STR</i>	• • •		~	of limited liability c <u>BE POST OF FICE</u>	
1705 S Oclan T	3117		1705 5	5 OCEAN	BlvJ.
Delray Beach	FI 33483		Selray B	Beach, F1	3348
8/18/16			L160001	55400	
3. Date of filing/registra	tion in Florida	- 	Document nu	ımber	
5. (a) <u>Bichard</u>	Applega	te			
Registered Agent and Registered Offi			State:		
659 Boxa	Marina Co	urt			
Registered Office Address (MUS)	TBE FLORIDA STREET A	DDRESS)			
				19 51 51	
Bra Rati	Υ ,FL	23487			tings ,
<u>cuic Krib</u>	, FL.	<u> </u>	-	85 A	11
(b) Richard	Appleox	rc			L.L.
Enter name of NEW Registered Age	nt and/or NEW Registered	Office address:		70	: 1 ; ()
1705 S.	Ocean Boi	ulevard		AM IO 89 JF STATE JFLORIDJ	
NEW Registered Office Address:				ia T	
Delizay Bea	ch FL	_ 33483	<u> </u>		
	announced under the less	is of the State of		aby confirmed t	hat after
If the limited liability company is not of the change or changes are made, the Fl	lorida street address of a	the registered off	fice and the busin	ness office of th	e registered
agent will be identical. Or, in the case was/were authorized by an affirmative	of a Florida limited lia vote of the members of	bility company, i Ethe limited liabi	it is hereby confi ility company or	rmed that the cl as otherwise pr	hange(s) ovided in
the articles of organization or the oper-		limited liability c	ompany.		
		+ 1C	Printed or types	pple Ga-	re_
Signature of a member or authorized represent				•	
I hereby accept the appointment as re provisions of all statutes relative to the the obligations of my position as regist to merely reflect a change in the regist notified in writing of this change.	gisierea agent and agre proper and complete p ered agent as provided ered office address, I h	ve to act in this co performance of n I for in Chapter 6 ereby confirm th	apacuv. 1 Jurthe w duties, and 1 6 605, F.S. Or, if t at the limited lia	r agree to comp in familiar with his document is chility company	ny wun the rand accept being filed has been

Signature of Registered Agent