16000157325

(Requestor's Name)					
(Address)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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ROBERT E. BONE JR., P.A. ATTORNEY AT LAW

918 W. Main Street Leesburg, Flonda 34748 Phone. 352-315-0051 Fax. 352-326-0049

June 19, 2023

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: ESQUIRE INVESTMENT PROPERTIES, LLC REGISTERED AGENT/REGISTERED OFFICE CHANGE

Liability	
1	office.

Sincerely,

Jennifer A. McElrath Assistant to Robert E. Bone, Jr.

JaMc Eliath

Enclosures: As noted

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	ESQUIRE INVESTMENT PRO	PERTIES, LLC	
501341.01		Name of Limited Lia	bility Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered	Office Change and fe	ee(s) are submitted for filing.
Please retu	rn all correspondence concerning	g this matter to the fo	dlowing:
ROBERT E	. BONE JR.		
	Name of Person		_
ROBERT E	. BONE JR. P.A.		~··
	Firm/Company		_
918 W. MA	IN STREET		•
	Address		_
LEESBURG	5. FLORIDA 34748		
	City/State and Zip Cod	e	_
ESQINPRO	P1@GMAIL.COM		
E-ma	il address: (to be used for future	annual report notifica	ation)
For further	information concerning this mat	ter, please call:	
ROBERT E	. BONE JR, ESQ.	352 at (315-0051
	Name of Person		Area Code & Daytime Telephone Number
Re Div P.C	gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
End	closed is a check for the followi	ing amount:	
1 2	S25 Filing Fee	□ \$55	Filing Fee & Certified Copy

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. N	ame of the limited liability company:	'ESTMENT I	PROPERTIES, LLC
2. (a)	2423 S. ORANGE AVE, STE 318	(b	2423 S. ORANGE AVE. STE 318
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ORLANDO, FLORIDA 32806		ORLANDO. FLORIDA 32806
	AUGUST 22, 2016	1	.16000157325
3.5. (a)	Date of filing/registration in Florida DANIEL COLOMBO	4.	Document number
J. (u)	Registered Agent and Registered Office shown on the records of 2423 S. ORANGE AVE. STE 318	of the Florida I	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	
	ORLANDO	L_32806	<u> </u>
(b)	MIRZA ARSIAN BAIG		
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office addr	
	2423 S. ORANGE AVE. STE 318		12
	NEW Registered Office Address:		
	ORLANDO	. 32806	
igent w vas/we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the Si e registered ability com of the limite limited lial	office and the business office of the registered pany, it is hereby confirmed that the change(s)
Signati	Signature of a member or authorized representative of a member		Printed or typed name of signee
hereb rovisio he obli o mere	y accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act in performand d för in Che hereby conf	
signatur	Registered Agent		