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COVER LETTER

Division of Corporations			
SUBJECT: Nicholas Family Name of Limited	Investments, LLC d Liability Company		
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:			
Michael Nicholas Name of Person			
Nicholas Family Investr	ments, LLC		
4300 W. Lake Mary Blvd. Ste 1010-332			
Lake Mary, FL 32746 City/State and Zip Code			
Nicholas Family Investments @ gmail.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Michael Nichdas at (40 Name of Person	Area Code & Daytime Telephone Number		
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:			

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Registration Section

TO:

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

. Nar	me of the limited liability company: Nicholas Family Investments, L
. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
. (a)	Date of filing/registration in Florida 4. Document number Michael Nicholas Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
(b) .	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 113 Duncan Tr1 Longwood ,FL 32779 Michael Nicholas Enter name of NEW Registered Agent and/or NEW Registered Office address: 4300 W. Lake Mary Blvd NEW Registered Office Address: Ste 1010-332
he char gent w vas/we ne arth Signah hereb rovision he obli	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered rill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. Printed or typed name of signee by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the const of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.