## L1700005671

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K. SALY JUN - 9 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Fowler In unlimited Investment Name of Limited 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:					
Name of Person  TJ Packing LLC  Firm/Company  Ste B-14  335 East Lindon Blud  Address  De lay Beach FC 33483  City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
TAMES GIAWAZI at (561) 396-6605  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 \$\square\$ \$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.

1. Nai	me of the limited liability company:	ONLim	ted Investme	NFS, LLG22UUU
2. (a)	705 Sw 6th AVE below Brock + C 33	1444	SW GRAUE De	······
2. (a) _	Principal office address of limited liability company:	(b) <u>/09</u>	Mailing address of limited liability	<del></del>
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFIC	
	1	<del></del>	<del> </del>	
	1/6/2017	L	-1700000567	l
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	HOWARD J Fowler			
	Registered Agent and Registered Office shown on the records of the F	lorida Dept. of State	<del>.</del> ::	
	705 SW 6th AUE			12
	Registered Office Address (MUST BE FLORIDA STREET ADD	RESS)	PES	
	Delray Beach .FL	334HH	PSS	a m
				鱼子 〇
(b) _	JAMES GIANNUZZI	<u> </u>		E S S S S S S S S S S S S S S S S S S S
	Enter name of NEW Registered Agent and/or NEW Registered Offi	ce address:		RET. 6
	335 East Linton Blud			4.7
	NEW Registered Office Address:			
	Suite B-14			
		<del></del>		
	Delay Beach, FL	33483		
If the lie	J		· · · · · · · · · · · · · · · · · · · ·	41-4-6
the chan	mited liability company is not organized under the laws onge or changes are made, the Florida street address of the	registered office	and the business office of	the registered
was/wei	ill be identical. Or, in the case of a Florida limited liabili re authorized by an affirmative vote of the members of the	e limited liability	company or as otherwise p	change(s) provided in
the artic	les of organization or the operating agreement of the limi	ited liability com	pany.	
Signatu	are of a member or authorized representative of a member	<u></u>	Printed or typed name of signee	
//	·	o act in this can		nnly with the
provisió the obli	us of all statutes relative to the proper and complete per gations of my position as registered agent as provided for	formance of my e r in Chapter 605	luties, and I am familiar wi . F.S. Or. if this document	th and accept is being filed
to mef fil notifjeld	y accept the appointment as registered agent and agree to use of all statutes relative to the proper and complete per- gations of my position as registered agent as provided for by reflect a thange in the registered office address, I here in writing of this change.	by confirm that	he limited liability compan	y has béen
Son	VI XUIII		// ///	
Signature	e of Registered Agent		how Mo	ney
	Division of Corporations P.O. Box		ROBERT E. A	ACONEY A
INHS18 (2/1	FILING FEE:	\$25.00 Y	Notary Public - St	ate of Florida
		•	My Comm. Expires	Dec 20, 2017

Commission # FF 077918
Bonded Through National Notary Assn.