40712

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COVER LETTER

TO:	Registration Section Division of Corporations		•			
SUBJ	Registered Agent					
Name of Limited Liability Company						
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Offi	ce Change a	and fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to t	he following:			
Edwi	n Rios					
	Name of Person		<u></u>			
LLR	Real Estate Investments, LLC					
•	Firm/Company					
8153	Fraim Ct					
	Address	•				
Orlar	ndo, FL 32525					
	City/State and Zip Code					
Ilrrea	lestateinvestments@gmail.com					
ı	E-mail address: (to be used for future ann	ual report no	otification)			
For fu	rther information concerning this matter,	please call:				
Edwi	n Rios	347	273-5556			
	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	2	\$55 Filing Fee & Certified Copy			
INHSI	8 (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.

2. (a)		(b)	
2. (u)	Principal office address of limited liability company:	_ `	·//	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	8153 FRAIM CT		8153 FF	RAIM CT
	ORLANDO, FL 32825	-	ORLAN	DO, FL 32825
	03/06/19		L170000	40712
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Jennifer Burgos			
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florie	la Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u></u>	- - 2 <u>1</u>
	ORLANDO	32825	5	
(b)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>ddress</u> :	9
	RIOS, EDWIN E			5. 5
	NEW Registered Office Address:			_
	8153 FRAIM CT			_
	ORLANDO FL	32825	5	_
the cha agent v was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg ibility of the lin limited	istered offic company, it mited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Siggran	ure of a member or authorized representative of a member			Printed or typed name of signee
Lhonal	by accept the appointment as registered agent and agr	nerton	nance of my	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been