117000071039

(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
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Certified Copies	_ Certificates	s of Status		
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ALLAHASSEE, FLORID,

OCT 1 9 2018

S. YOUNG

COVER LETTER

-	ision of Corporations					
SUBJECT:	Change of registered agent	s				
SODJECT.		Name of Limited Liability Company				
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered Off	fice Change a	and fee(s) are submitted for filing			
Please retur	n all correspondence concerning th	is matter to	the following:			
Anthony S	Sumlar (Owner)					
	Name of Person					
Sumlar C	alpital Investments LLC					
	Firm/Company			18 IAL		
6103 Win	ding Bridge Drive			BCT FI		
	Address			FILEED OCT -1 PH 5: 20 AHASSEE, FLORIDA		
Jacksonvi	ille, Fl 32277					
	City/State and Zip Code			RIDA RIDA		
asumlar3	@yahoo.com					
E-mai	address: (to be used for future ann	nual report n	otification)			
For further	information concerning this matter	, please call:				
Anthony S	Sumlar	904	864-0078			
	Name of Person	u. (Area Code & Daytime Telep	phone Number		
Reg Div Clif 266	REET/COURIER ADDRESS: distration Section distinction of Corporations from Building LExecutive Center Circle dahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	closed is a check for the following	; amount:				
□ s	25 Filing Fee	D	\$55 Filing Fee & Certified Conv	,		

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.

l. N	ame of the limited liability company: Sumlar Capit	al Investmer	nts LLC	
2. (a)	6103 Winding Bridge Drive 32277	(b) 610	(b) 6103 Winding Bridge Drive 32277	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
_	03/29/17	L170	000071039	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
	Registered Agent and Registered Office shown on the records of Anthony Sumlar (Owner)	the Florida Dept.	of State:	
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)		
	6103 Winding Vridge Drive		\ •••	
	Jackosnville	32277	18 1 AL	
(b)	Anthony Sumlar		- PI	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	ASSET L	
	Anthony Sumlar		PH 5:	
	NEW Registered Office Address:		20	
	6103 Winding Bridge Drive	<u> </u>	<u> </u>	
	Jacksonville , FL	32277		
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability compan of the limited li limited liabilit	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.	
Signa	ture of a member or authorized representative of a member	Anthony	Printed or typed name of signee	
I here provisi the obj to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I is discountable to the change.	ree to act in the performance of d for in Chapte hereby confirm	is canacity. I further garee to comply with the	