11000098277

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COVER LETTER

TO: Registration Section Division of Corporations	
	Vestments LLC le of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
CHERYI D'ADIA Name of Person	
Firm/Company	
Theo 9 Ave Madress	
St Pete H 3 City/State and Zip Code	31.3
Chery a Rm 5 Ren T3. E-mail/address: (to be used for future ann	
For further information concerning this matter,	please call:
Chery D'Alo, a Name of Person	at (<u>727)233- </u>
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	
✓ \$25 Filing Fee	S55 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.

l. Na	me of the limited liability company: RILU TNVESTMENTS LLC
	3411 30 STW, Bradenton FI (b) 2019 Manatee Ave W. Brade
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5/3/2017 17000098277
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
:	2019 23 Aug W Bradenton Fil 34205 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	FI F
(b)	Chery D Aloia RMS Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	St Palersburg 11 33713
	. FL
the cha agent v was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registere vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in itself of organization or the operating agreement of the limited liability company.
	ture of a member or authorized representative of a member Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the one of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accelligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been d in writing of this change.
Signatu	re of Registered Agent