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## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Division of Corporations SHYATT INVESTMENTS, LLC SUBJECT: 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: Christie D Arkovich Name of Person Christic D Arkovich PA Firm/Company 1520 W Cleveland Street Address Tampa/ FL/33606 City/State and Zip Code spencerhyatt22@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Spencer Hyatt 305 304-6652 Area Code & Daytime Telephone Number Name of Person **Mailing Address: Street Address:** Registration Section **Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ■ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy

## 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.

i. Na	me of the limited liability company:  SHYATT INVES	TMEN	TS, I	LLC	
2. (a)	3622 W Bay Ave #2 Tampa FL 33611		(b)	3622 W B	ay Ave #2 Tampa FL 33611
z. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		_	-		
_	11/09/2017		1-1	70002321	
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.				_
	Registered Agent and Registered Office shown on the records of	the Flor	ida D	ept. of Stat	e:
	Registered Office Address (MUST BE FLORIDA STREET)	4 N N D #			-
	5575 S. SEMORAN BLVD	ADDAL	<u>/</u>		~
					779 KOV
	Orlando , FL	32822			7.07
	Christie D Arkovich PA				22
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	addr	0.00	- -
	Effet fame of NEW Registered Agent and/of NEW Registered	Oince	2001	<u>. 13</u>	ن ن
					. i.
	NEW Registered Office Address:				_
	1520 W Cleveland Street				_
	Tampa FI	33606	ı		
change agent was/w the art	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the l limite	ered com limite d lia	office an pany, it i ed liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signa	iture of a member or authorized representative of a member	_			Printed or typed name of signee
provis the ob: to mer	by accept the appointment as registered agent and agrions 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 a writing of this change.	ree to d perfor d for it hereby	act in man n Ch con	this cap ce of my upter 605 firm that	acity. 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
Simati	ire of Registered Agent				