Division of Corporations

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(((H19000261082 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: WOOD, BUCKEL AND CARMICHAEL, PLLC Account Name

Account Number : I20170000051 : (239)552-4100 Phone

Fax Number : (239)263-7922

Enter the email address for this business entity to be used for future annual report mailings Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE MEMPHIS ROAD INVESTMENT, LLC

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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: MEMPHIS ROAD INVESTME						
Name	of Limited Liab	oility Company				
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.				
Please return all correspondence concerning this	matter to the fo	llowing:				
KEVIN CARMICHAEL, ESQ.		_				
Name of Person		-				
WOOD, BUCKEL & CARMICHAEL		_				
Firm/Company		-				
2150 GOODLETTE ROAD NORTH, SIX	TH FLOOR	_				
Address	· ·	_				
NAPLES, FL 34102		_				
City/State and Zip Code						
JLH@WBCLAWYERS.COM						
E-mail address: (to be used for future annu	al report notific	ation)				
For further information concerning this matter, p	olease call:					
KEIVN CARMICHAEL	239	552-4100				
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	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314				
Enclosed is a check for the following amount:						
△ \$25 Filing Fee	□ \$5	5 Filing Fee & Certifled Copy				
INHS18 (2/14)						

(((H19000261082 3)))

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

Fl	orida	MEMPHIS DO		/ESTMEN	IT I C		
1.		me of the limited liability company: MENITHS NO. C/O DMG ROAD WORKS, LLC	OAD INVESTMENT, LLC				
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	М	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) DODLETTE ROAD N, 6TH FLOOR		
		2150 GOODLETTE ROAD N, 6TH FLOOR NAPLES, FL 34102	-		, FL 34102	<u> </u>	I FLOOP
			-				
3.		O1/22/2018 Date of filing/registration in Florida	4.	L1800001	Document number		
	7-1	FOSTER DAVID	,,				
5.	(a)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	:	2019	
		Registered Office Address (MUST BE FLORIDA STREET A. 130 40TH AVE SE	DDRESS	IDRESS) A			म _्
		ST. PERERSBURG , FL.	33705			0	百名之 百名之
	(b) WOOD BUCKEL & CARMICHAEL				. :	P# 4:	©` ≾ F
	Enter name of NEW Registered Agent and/or NEW Registered O)Mice address:			3	
		NEW Rogistered Office Address:					
		2150 GOODLETTE ROAD NORTH, SIXTH I	FLOOR	`			
		NAPLES, FL_	34102				
th as	e cha gent v as/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 easy of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regist bility confithe time of the limited to the confit of the limited to the limited to the limited to the confit of the limited to the confit of the limited to the limited tof the limited to the limited to the limited to the limited to the	stered office ompany, it is sited liability	e and the business of s hereby confirmed y company or as oth npany.	that the	change(s)
	-	sture of a member or authorized representative of a member			Printed or typed name		
P) II.	rovis ie obi inier	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a writing of this change.	ee to ac perform I for in (nereby c	in this cap ance of my Chapter 603 onfirm that	acity, I further agreduties, and I am fan 5, F.S. Or, if this do the limited liability	se to cor niliar wi cument compan	mply with the th and accept is being filed by has been
3	ignati	re of Registered Agent					

INHS18 (2/14)

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00