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A)	ddress)
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COVER LETTER

TO: Registration Section Division of Corporations

4501 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:

Steven H. Hagen, Esq.

Name of Person

Harper Meyer LLP

Firm/Company

201 S. Biscayne Boulevard, Suite 800

Address

Miami, FL 33131

City/State and Zip Code

shagen@harpermeyer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Hagen	305 577-3443
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:
2 \$25 Filing Fee	\$55 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.

1.	Na	me of the limited liability company:4501 INVES	TME	NT	ITS, LLC	_
2. (b)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		2352 MAIN STREET, STE 201			2352 MAIN STREET, STE 201	
		CONCORD, MA 01742	_		CONCORD, MA 01742	
			_			
		02/23/2018	_		L18000047558	
3.		Date of filing/registration in Florida	4.		Document number	
5. ((a)	BLUMBERGEXCELSIOR CORPORATE SE	RVIC	ES	ES, INC.	
	. ,	Registered Agent and Registered Office shown on the records of t	the Flori	ida	la Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>S.S)</u>	<u></u>	
		155 OFFICE PLAZA DRIVE, 1ST FLOOR				
		TALLAHASSEE	3230	1	 	
		LAW CENTER OF THE AMERICAS, LLC				
(D).		() //			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	add	<u>Idress</u> :	
					2010 NOV	
		NEW Registered Office Address:				•.
		201 S. BISCAYNE BOULEVARD, SUITE 80)0			8
		MIAMI, FL	3313	1		
the c ager was, the a	chai nt w /we artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization of the operating agreement of the	the reg ability of the li	gis coi imi	istered office and the business office of the registere company, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. Steven H. Hagen	:d
		ure of a member or authorized representative of a member			Printed or typed name of signee	
поп,	nea 2	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provided to reflect a change in the registered office address, I in writing of the flying. To Registered Agent	ee to a perfor d for in tereby	ict ma 1 C co	I in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been	e bl d
		Division of Componentianon B.O. F	Dov 67	17	7. Tullukarran FL 22314	

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

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