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COVER LETTER

TO: Registration Section Division of Corporations

Edwards Investment Group, LLC

SUBJECT:

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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:

Shawn Edwards

Name of Person

Edwards Investment Group, LLC

Firm/Company

4511 NW 49th Ct.

Address

Coconut Creek, FL 33073

City/State and Zip Code

shawn@edwardsig.com

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

For further information concerning this matter, please call:

Shawn Edwards	309 at (236-9984
Name of Person	(Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	Mź	AILING ADDRESS:
Registration Section	Re	gistration Section
Division of Corporations	Div	vision of Corporations
Clifton Building	P.C	D. Box 6327
2661 Executive Center Circle	Tal	lahassee, Florida 32314
Tallahassee, Florida 32301		
Enclosed is a check for the following	amount:	
☑ \$25 Filing Fee	□ \$5	5 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.

1. Na	me of the limited liability company:	Edwards Inve	stment	Group, L	LC	
2. (a)	4511 NW 49th Ct.		(b) 4511 NW 49th Ct.			
21 (4)	Principal office address of limited lia (Note: MUST BE STREET A	• • •			Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)	
	Coconut Creek, FL 33073		_	Coconut	Creek, FL 33073	
	2/28/2018		_	L1800005	53158	
3.	Date of filing/registration in	Florida	4.		Document number	
5. (a)	Leagal Inc Corporation Service	es Inc.				
	Registered Agent and Registered Office show 5237 Summerlin Commons	sn on the records of t	he Florida	a Dept, of Stat	- c:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-	
	suite 400					
	Fort Myers	, FL	33907			
(b)	Shawn Edwards					
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	4511 NW 49th Ct.				A # 86	
	NEW Registered Office Address:					
	Coconut Creek	, FL	33073		-	
the cha agent v was/wo	inge or changes are made, the Florida vill be identical. Or, in the case of a l	street address of Florida limited lia of the members o	the regis bility co f the lim limited l	stered office ompany, it i iited liabilit		
Gigna	ture of a member of authorized representative	of a member			Printed or typed name of signee	
provisi the obl to merc notified	by accept the appointment as register ons of all statutes relative to the prop igations of my position as registered ely reflect a change in the registered of the writing of this change. To of Registered Agent	ed agent and agr per and complete j agent as providea office address, 1 h	ee to act perform I for in C iereby ci	in this cap ance of my Chapter 605 onfirm 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	

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

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