1180000593160

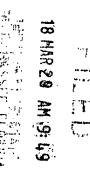
(Requestor's Name)							
(Address)							
(Address)							
(C	ity/State/Zip/Phon	e #)					
_							
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
	ocument Number	<u> </u>					
ζ-		,					
Certified Copies	Certificate	s of Status					
Special Instructions to Filing Officer:							





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Y SULKER MAR 2 1 2018

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations			
SUBJ	Principal Way Investments			
	Nai	me of Limited	Liability Company	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Of	fice Change ar	nd fee(s) are submitted for filing.	
Please	return all correspondence concerning the	his matter to th	e following:	
Louis	s V. Schiavo Jr.			
_	Name of Person			
Princ	ipal Way Investments, LLC			
	Firm/Company			
1176	5 S. Orange Blossom Trail, STE	D		
_	Address			
Orlar	ndo, FL 32837			
	City/State and Zip Code			
ryan	@worldwidecorals.com			
	E-mail address: (to be used for future an	nual report no	tification)	
For fu	rther information concerning this matter	r, please call:		
Louis	s V. Schiavo Jr.	407	856-2066	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	ŗ	MAILING ADDRESS:	
	Registration Section		Registration Section	
	Division of Corporations		Division of Corporations	
	Clifton Building		P.Q. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	٦	Γallahassee, Florida 32314	
	Enclosed is a check for the followin	g 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: Principal Wa	y Inves	tments		
2. (a)		(b)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2200 PRINCIPAL ROW		2200 PF	RINCIPAL ROW	
	Orlando, FL 32837		Orlando	, FL 32837	
	03/06/2018		L180000	59316	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
D. (u)	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept. of State	- e:	
	SCHIAVO, LOUIS V, JR				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	2200 PRINCIPAL ROW			₩ 3	
	Orlando , F	L_32837	,	HAR	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	1066		- 28 3 17	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office at	ioress.	19	
	NEW Registered Office Address:	 			
	11765 South Orange Blossom Trail, STE D)		-	
	Orlando, FL 32837	L_32837	,	_	
the cha agent v was/we the art	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the fegliability of the line limited	e State of Floistered offic ompany, it inited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany.	
_	ture of a member or authorized representative of a member	_	-	Printed or typed name of signee	
provis the obt to mer	hy accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and provide the provider of this change.	gree to ac e perforn led for in I hereby c	t in this cap nance of my Chapter 60; confirm 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	