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Certified Copies	Certificates	of Status		
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Aspire Investments, LLC 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:					
Jamie Acosta Name of Person					
Aspire Investments, LLC Firm/Company					
14391 Spring Hill Dr # 434 Address					
Spring Hill FL 34609 City/State and Zip Code					
aspireinvestmentsfl@gmail.com E-mail address: (to be used for fundre annual report notification)					
For further information concerning this matter, please call:					
Jame Acosta at (352) 354-2451 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:					
\$25 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: Aspire ly	vestments	,LLC	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 14391 Spring Hill Dr # 434 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Spring Hill FL 34609	Spring	9 HIII FL 346	D9
3.	3 26 19 Date of filing/registration in Florida	<u>L1800</u>	0007081 Document number	
5. (a)	The UPS Store Alexus Gath Registered Agent and Registered Office shown on the records of 14391 Spring Hill Dr	ercole	_	
	Registered Office Address (MUST BE FLORIDA STREET)		I ALL	3
(b)	Spring Hill Fl. Jamie Acosta Enter name of NEW Registered Agent and/or NEW Registered		LIAHAS	FILED
	14391 Spring Hill Dr NEW Registered Office-Address:		ORIDA	6: 3 8
	Spring Hill FI	34609		
the cha agent w was/we	mited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members called organization or the operating agreement of the	the registered office ability company, it is for the limited liability.	e and the business office is hereby confirmed that ty company or as otherwi	of the registered the change(s)
Signat	ure of a member or authorized representative of a member	Jamie	Acosta Printed or typed name of sig	nce
provisi the obl to merc	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change.	ee to act in this cap performance of my d for in Chapter 602 hereby confirm that	pacity. I further agree to duties, and I am familian 5, F.S. Or, if this docume the limited liability com	comply with the with and accept ent is being filed pany has been
Signatu	reof Registered Agent			