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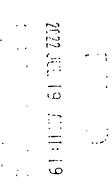
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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					





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COVER LETTER

TO: Registration Section Division of Corporations		!					
Nevens 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:						
Diane Brennan							
Name of Person							
Nevens Investments, LLC							
Firm/Company							
200 Stanley Bell Drive							
Address							
Mount Dora, FL 32757							
City/State and Zip Code							
nevensinvetments@gmail.com							
E-mail address: (to be used for future annual report n	otification)						
For further information concerning this matter, please call:		, <u>23</u> 03 13					
Diane Brennan 352 at (874-7113						
Name of Person	Area Code & Daytime Telephone Number	 					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the following amount:							
■ \$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.	Name of the limited liability company: Nevens Investmen	its, LLC	;		
2. (a	200 Stanley Bell Drive		(b)	200 Stanley	Bell Drive
2. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	· · · / .		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Mount Dora, FL 32757	_	-	Mount Dora,	FL 32757
	06/15/2018	_	L	1800014780	2
3.	Date of filing/registration in Florida	4.		Е	Occument number
5. (Adam Brennan				
	Registered Agent and Registered Office shown on the records of t	the Flori	da E	ept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	3009 Lake Joanna Drive				
	Eustis	32726			
	, FL,				
(t	Diane Brennan				
•	Enter name of NEW Registered Agent and/or NEW Registered	Office s	ddr	<u>627</u> :	
	NEW Registered Office Address:				
	200 Stanley Bell Drive				
	Mount Dora	32757			
chan agen was/ the a Sig I herov the o to me	climited liability company is not organized under the law ge or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the Adam Branca agreement of the mature of a member or authorized representative of a member freely accept the appointment as registered agent and agreeisions of all statutes relative to the proper and complete phligations of my position as registered agent as provided each reflect a change in the registered office address. I had in writing of this change.	rs of the register bility of the life limited	red com mite l lial lam	office and spany, it is hed liability oblity comp Brennan	the husiness office of the registered hereby confirmed that the change(s) company or as otherwise provided in any. Lance Bruna A Printed or typed name of signee
_/	ilure of Registered Agent				

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

INHS18 (2/14)

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