Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000066999 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheat.

lo:

Division of Corporations

Fax Number : (850)617-6383

Fronci

Account Nacio : LUGALZOOM.COM 180.

Account Mumber : E20010000062 Phone : (323) 962-8600

Fax Number : (323) 962-5889

ڝ

Enter the email address for this business antily to be used for future annual report mailings. Enter only one email address please.

Essa	÷	٦	Address:	
	.1.		AGULERIA .	

LLC REGISTERED AGENT CHANGE SIX FOUR ASSET MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	ı
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu — Corporate Filing Menu

Help

TO:

COVER LETTER

TO:		stration Section sion of Corporations								
SUBJE	·CT·	SIX FOUR ASSET MANAGEMENT, LLC								
SUBJEC		Name of Limited Liability Company								
Dear Si	ir or N	Aadam:								
The end	closed	Registered Agent/Registered Off	ice Chang	e and fe	e(s) are submitted for filing.					
Please	return	all correspondence concerning th	is matter t	o the fo	ollowing:					
Cheye	enne	Moseley								
		Name of Person			-					
Legal	zoon	n.com, Inc.								
		Firm/Company			-					
101 N	I. Bra	and Blvd., 10th Floor			_					
		Address								
Glend	fale,	CA 91203								
		City/State and Zip Code	*		-					
paul@)sixf	ourassetmanagement.com								
E	-mail	address: (to be used for future and	nual report	notific	ation)					
For fur	ther i	nformation concerning this matter.	, please ca	dli						
Cheye	enne	Moseley	at (0	773-0888 ext 9724					
		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				Regi Divi: P.O.	SILING ADDRESS: stration Section sion of Corporations Box 6327 phassee, Florida 32314					
	Enc	losed is a check for the following	ξ amount:							
	 \$1	25 Filing Fee		☑ \$55	Filing Fee & Certified Copy					
INDS18	3 (2/14	is a second								

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605 0114 or 605 0116, Florida Statutes, the undersigned limited liability coi submits the following statement in order to change its registered office or registered agent, or both, in the St Florida

1 N	ame of the limited liability company	ASSET MIXIN	AGEMENT, LLC
2 (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited hability company (Note: MAY BE POST OFFICE BOX)
	102 NE 2ND ST. #922	10	2 NE 2ND ST. #922
	BOCA RATON, FL 33432c	BC	DCA RATON, FL 33432
	02/05/2019	L19	000036825
3	Date of filing/registration in Florida	4	Document number
5 (a	Paul W. Hassebroek		·
, (u	Registered Agent and Registered Office shown on the records 55 SE 2nd Ave., Suite #306	of the Florida Dept	of State
	Registered Office Address (MUST RE FLORIDA STREE	TADDRESS)	EB 17
	Delray Beach	FL	27 27 2888
(b)	UNITED STATES CORPORATION AGEN	TS, INC.	
()	Enter name of NEW Registered Agent and/or NEW Register	red Office address	9: 28
	13302 WINDING OAK COURT, SUITE A		>
	NEW Registered Office Address		
	TAMPA		
the chagent was/v	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the first organization of the operating agreement of the first organization or the operating agreement of the operati	of the registered Liability compass of the limited the limited habil	d office and the business office of the regist my, it is hereby confirmed that the change(s liability company or as otherwise provided
Sigh	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to me notyti	why accept the appointment as registered agent and completions of all statutes relative to the proper and completingations of my position as registered agent as provicely reflect a change in the registered office address, and inverting of this change CHEYENNE MOSELEY, ASSISTANT SECRET STATES CORPORATION AGENTS, INC.	ete performance ded for in Chap I heroby confir.	ns capacity. I further agree to comply with of my duties, and I am familiar with and ac ter 605, F.S. Or, if this document is being f in that the limited liability company has bee