L190000 41650

(Re	equestor's Name)	
, -	· · · · · · · · · · · · · · · · · · ·	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
	—	
PICK-UP		
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
.		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

200429635022



Office Use Only

CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
PRIME PLATINUM INVESTMENTS. LLC	
	Art of Inc. File
	LTD Partnership File Foreign Corp. File L.C. File
	Fictitious Name File Trade/Service Mark Merger File
	Art. of Amend. File RA Resignation Dissolution / Withdrawal
	Annual Report / Reinstatement Cert. Copy Photo Copy
	Certificate of Good Standing Certificate of Status Certificate of Fictitious Name
	Corp Record Search Officer Search Fictitious Search
Signature	Fictitious Owner Search Vehicle Search Driving Record
Requested by: BA $5/25/23$	UCC 1 or 3 File UCC 11 Search
Name Date Time Walk-In Will Pick Up	UCC 11 Retrieval Courier

COVER LETTER

TO: Registration Section Division of Corporations

PRIME PLATINUM 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:

ELGA GARCIA

Name of Person

FILEJET INC.

Firm/Company

10440 PIONEER BLVD, SUITE 8

Address

SANTA FE SPRINGS, CA 90670

City/State and Zip Code

REGISTEREDAGENT@FILEJET.COM

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

For further information concerning this matter, please call:

ELGA GARCIA (FILEJET INC.)	949 at (259-5955
Name of Person	··· ··· (Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		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

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.

. Na	me of the limited liability company: PRIME PLATIN	UM INV	ESTMENTS L	.LC			
. (a)		(b)				
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	1850 Hollywood Avenue		300 N NEW	V YORK AVE, I	PO BO	X 2281	
	Winter Park, FL 32789		WINTER P	ARK, FL 32789	UN		
	02/11/2019		L190000416	50			
).	Date of filing/registration in Florida	4.		Document nun	nber		
i. (a)	Lopez, Rebeca						
5. (a)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. of State	::			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>5.S)</u>				
	300 N New York AvenuePO BOX 2281						
	Winter Park, F	L		-	9 	2021	C)
(b)	FILEJET INC.			_	- : -	2024 HAY	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office :	<u>address</u> :			29 1	
				-	•	ço	
	<u>NEW</u> Registered Office Address:					сл rS	
	625 E. TWIGGS ST., STE 110			. 6	ð	, ,	
	ТАМРА, F	L33602		_			
change agent was/w the art Signa I here provis the ob to mer	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members icles of organization or the operating agreement of the proper and complete the appointment as registered agent and as ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide relative of the registered office address, and in writing of this change.	e registe iability of the li e limited Al	ered office and company, it is mited liability l liability com berto Mujica	d the business of s hereby confirm y company or a apany. Printed or typed acity I further	office of med th as othe: name of	of the re at the ch rwise pr f signee	gistered nangc(s) ovided in

Signature of Registered Agent

.

.

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