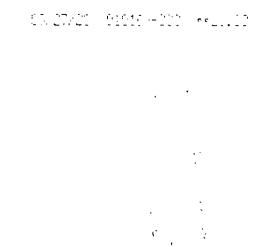
## L19 0000 836 24

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer.			
opeda instructions to 1 ming officer.			

Office Use Only



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## **COVER LETTER**

**TO:** Registration Section

Division of Corporations						
Wakala Investments, LLC SUBJECT:	Wakala 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 m	natter to the following:					
Jeffrey Andrews						
Name of Person	<del></del>					
Firm/Company	<u> </u>					
3275 SW 9th Ave						
Address						
Ocala, Fl. 33471	•					
City/State and Zip Code	<del></del>					
jefe40472@gmail.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, ple	ease call:					
Jeffrey Andrews	770 356-8420					
	at ()  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 am	iount:					
■ \$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.	No	ame of the limited liability company: Wakala Investme	nts. LL	.C	
2. (	(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)
		3275 SW 9th Ave		3	3275 SW 9th Ave
		Ocala FL 34471		0	Ocala FL 34471
		03/26/2019		LI	.190XXXX83624
3.		Date of filing/registration in Florida	- 4.	_	Document number
5.	(a)				
	(4)	Registered Agent and Registered Office shown on the records of Jeffrey Andrews	the Flo	rida De	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		4630 SW Keats St.			
		Port St. Lucie	34953		
		, r:			<del></del>
(	(b)				-
ì	,	Enter name of NEW Registered Agent and/or NEW Registered	l Office	addre	<u></u>
		Jeffrey Andrews			
	NEW Registered Office Address:				<del></del>
		3275 SW 9th Ave			
		Ocala , FI	34471		1
chai agei was	nge nt v	imited liability company is not organized under the later concentration or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of clearly organization or the operating agreement of the	regist ability of the l limite	ered o comp limited d liab	I office and the business office of the registered apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
Si	gnal	turffice member or authorized representative of a member	_	•	Printed or typed name of signee
prov the i to n	visi obl wz	by accept the appointment as registered agent and aging ons 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, I have the providing of this change.	ee to c perfor d for it hereby	act in manc n Cha confi	n this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accep napter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Sign	fij.	re of Registered Agent			