| L2000C | 004531 |
|--|---|
| (Requestor's Name) (Address) (Address) | 400421743974 |
| (City/State/Zip/Phone #) | 01/18/2401011010 *+25.00 |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | FILED 2024 July 16 PH 12 Second July 16 PH 12 |
| Special Instructions to Filing Officer: J DEMAND FEB = 9 1904 | 1112: 46 |

Office Use Only

TO: Registration Section Division of Corporations

Wren Investment Group II, 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:

Winston D. Wren

Name of Person

Firm/Company

228 Nightingale Trail

Address

Palm Beach, FL 33480

City/State and Zip Code

winstonwren@gmail.com

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

For further information concerning this matter, please call:

Winston D. Wren 561 371-4181 at ()_ 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.

| 1. Na | une of the limited liability company: | - | | | | |
|---|--|--|----------------------------------|---|---|--|
| 2. (a) | 228 Nightingale Trail | (| (b) 228 Nightingale Trail | | | |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (| 0, | | Mailing address | of limited liability company: BE POST OFFICE BOX) |
| | Palm Beach, FL 33480 | _ | | Palm Beac | h, FL 33480 | |
| | | _ | | · | | |
| | 01/07/2020 | | I. | 200000045 | 531 | |
| 3. | Date of filing/registration in Florida | 4. | | | Document n | umber |
| 5. (a) | Jones Foster Service, LLC | | | | | |
| . (, | Registered Agent and Registered Office shown on the records of the | e Florid | a t | Dept. of State | – u: | |
| | 505 South Flagler Drive | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | - | 2024 SEC | |
| | Suite 1100 | | | | | F SECRET |
| (b) | West Palm Beach, FL | 3401 | | | | |
| | Winston D. Wren | | | | ED P112: 46 | |
| | Enter name of NEW Registered Agent and/or NEW Registered O | Office ac | ddı | <u>'ess</u> : | _ | 6 |
| | 228 Nightingale Trail | | | | | |
| | NEW Registered Office Address: | | | | - | |
| | | | | | + | |
| | Palm Beach , FL | 3480 | | _ | | |
| change agent v was/we the arti | imited liability company is not organized under the laws or changes are made, the Florida street address of the re- vill be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the lin watch by the operating agreement of the lin- are of a member or authorized representative of a member by account the operating agreement and agree | egister ility co the lin mited Wir | red om nite lia nste | office and pany, it is ed liability bility com on D. Wren | d the business s hereby conf y company or ipany. h Printed or type | s office of the registered irmed that the change(s) as otherwise provided in d name of signee |
| provisi the obl to merc | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe- igations of my position as registered agent as provided f by reflect a change in the registered office address, I her i'm writing of this change. | rform for in (reby c | an Ch onj | ce of my a apter 605, firm that t | huties, and La huties, and La , F.S. Or. if t he limited lia | <i>Fagree to comply with the</i> <i>im familiar with and accept</i> <i>his document is being filed</i> <i>bility company has been</i> |

Signature of Registered Agent

٠

· ,

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