4/20/22, 1:18 PM

Division of Corporations

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(((H22000143312 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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

massimo@assetmanagementunlimited.com Email Address:___

> LLC REGISTERED AGENT CHANGE TWENTY TWENTY INVESTMENTS LLC

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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. N	ame of the limited liability company:TWENTY TWEN	KTY INV	/E.	STMENTS	LLC			
2. (a)			۱,					
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)						
	5975 Sunset Drive Suite 802			5975 Sunse	et Drive Suite			
	South Miami, FL 33143			South Mia	mi, FL 33143			
	01/21/2020		L	200000261	08			- <u> </u>
3.	Date of filing/registration in Florida	4.	_		Document n	umber		
5. (a)	Jaime Parlade							
(-)	Registered Agent and Registered Office shown on the records of the 5975 Sunset Drive Suite 802	he Florida	a I)	ept, of State	:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>S)</u>					
							2	
	South Miami , FL	33143	_				1022 APR 20	.
(b)	Registered Agents Inc.						ìR 20	APPR FIL
	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	dre	ess:		,	PH	E9€
	7901 4th Street N, Ste 300					<u> </u>	ċ.	
	NEW Registered Office Address:						27	
	St. Dataschura							
	St. Petersburg FL	33702						
agent w was/wei	mited liability company is not organized under the laws or changes are made, the Florida street address of the re ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of les of organization or the operating agreement of the li	egistere pility con the limi	d (mp iter	office and pany, it is b d liability	the business hereby confi	office of	the reg	gistered
Signatu	re of a member or authorized representative of a member				Michele F	•		
I hereby provisio he oblig o merel notified	y accept the appointment as registered agent and agree ns of all statutes relative to the proper and complete pe gations of my position as registered agent as privided j y reflect a change in the registered office address, I he in writing of this change	e to act i erforma for in Ci reby coi	in nc ha nfi		Printed or typed ity. I further tites, and I a F.S. Or, if the e limited liat		_	ly with the and accept being filed tas been
o ign atu re	of Registered Agent Bill Havre, Assistant Sceretary							

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314