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R. WHATE MAR 20 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Karina Investmo	ents LLC bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
Karina Macher Name of Person	_
Karina Investments	5 LL C
3200 Porta Romano	Way
Lake Mary FL 3270 City/State and Zip Code	46
E-mail address: (to be used for future annual report notification)	ation)
For further information concerning this matter, please call:	
Karing Macher at 407 Name of Person	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

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

Name of the limited liability company:	Karina I	nvestment	s uc
2. (a)	(b	·)	
Principal office address of limited liabi (Note: MUST BE STREET AD)	lity company:	Mailing address of	limited liability company: E POST OFFICE BOX)
3200 PORTA ROMAN	o Way	3200 PORT	A Romano Wa
Lake Mary-FL 3	,	Lake Mary	1 FL 32746
02/03/2020		Lz0000	·—· · ———
3. Date of filing/registration in F		Document nur	nber
5. (a) Karina Mac Registered Agent and Registered Office shown	her	Dent of State	
3200 PORTA Registered Office Address (MUST BE FLO	ROMAMO	Way	
Lake Mary	.FL 32	746	,
(b) Karina M/ Enter name of NEW Registered Agent and/or	ACHE R	dress:	: :7 :7
3200 Porta NEW Registered Office Address:	ROMANO	Way	
LAICE MAR.	4 .FL 35	746	
If the limited liability company is not organize change or changes are made, the Florida street agent will be identical. Or, in the case of a Flo was/were authorized by an affirmative vote of the articles of organization or the operating ag	t address of the registere orida limited liability co Tthe members of the lim	ed office and the business of mpany, it is hereby confirm ited liability company or a	office of the registered ned that the change(s)
11111		KARINA Printed or typed	MACHER
Signature of a member of authorized representative of a hereby accept the appointment as registered provisions of all statutes relative to the proper the obligations of my position as registered ag to merely reflect a change in the registered off notified in writing of this change.	l agent and agree to act	in this capacity. I further	agree to comply with the

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

Signature of Registe