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COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	Khan and Hilton Investments, I	LLC	
		Name of Limited	Liability Company
Dear Sir or M	fadam:		
The enclosed	Registered Agent/Registered	l Office Change an	d fee(s) are submitted for filing.
Please return	all correspondence concerning	ng this matter to th	e following:
			202
Cody Khan			
	Name of Person	. <u>.</u>	—————————————————————————————————————
Khan and Hilt	on Investments, LLC		2023 JUN 20 AM IT S TALLAHASSEE, FI
	Firm/Company		
11127 Front B	Beach Road		
	Address		 ,
Panama City E	Beach, FL 32417		
	City/State and Zip Co	ode	 .
kpearson@pdi	mplaw.com		
E-mail a	address: (to be used for futur	e annual report not	ification)
For further in	formation concerning this ma	atter, please call:	
Karl E. Pearso	n	407	222-8281
	Name of Person	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
Enclo	osed is a check for the follo	wing amount:	
□ \$2	5 Filing Fee	٥	\$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.

(a)		(b)		
	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany:	,	Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)	
	11127 Front Besch Road		P.O. Bo	ox 18049	
	Panama City Beach, FL 32407		Panama City Beach, FL 32417		
	11/09/2020		L200003	43506	
	Date of filing/registration in Florida	4.	***	Document number	
(a)					
\-/	Registered Agent and Registered Office shown on the r	records of the Florid	a Dept. of S	State:	
	Karl E. Pearson				
	Registered Office Address (MUST BE FLORIDA :	STREET ADDRES	S)		
	485 N. Keller Road, Suite 401			21	
	Maitland	. FL ³²⁷⁵¹		FILLAHASS	
		, , , , , , , , , , , , , , , , , , , ,	•	> Z	
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	Registered Office as	ddress:	SSC A	
	Karl E. Pearson			AHII: 57 SSEE, FL	
	NEW Registered Office Address:			· 77 - 1	
	901 N. Lake Destiny Road, Suic 305				
	Maitland	FI. 32751			
		, FL			
ange ent v s/we	imited liability company is not organized under or changes are made, the Florida street addressible to the identical. Or, in the case of a Florida little authorized by an affirmative yote of the medical organization or the operating agreement.	ss of the register mited liability co embers of the lin	ed office o ompany, i nited liabi	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in	
			dy Khan		
	ure of a member or authorized representative of a memb			Printed or typed name of signee	
oviși obl mere	by accept the appointment as registered agent ons of all statutes relative to the proper and coigations of my position as registered agent as the registered office add thin writing of this change.	and agree to ac omplete perform provided for in dress, I hereby c	t in this co ance of m Chapter 6 onfirm the	apacity. I further agree to comply with the my duties, and I am familiar with and acce 105, F.S. Or, if this document is being file at the limited liability company has been	

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