LZ0000396353

(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:						

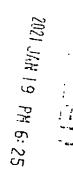
Office Use Only



100358071391

01/19/21--01011--016 **25.00

5. YOUNG



COVER LETTER

TO:	Registration Section Division of Corporations						
		JNIQUE INVESTMENT GROUP LLC					
SUBJ	ECT:	Name of Limited Liability Company					
Dear S	Sir or N	Лаdam:					
The cr	nclosed	l Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please	return	all correspondence concerning	g this matter to the	following:			
АНМІ	ET OZO	GUN					
		Name of Person		_ _			
UNIQ	UE INV	VESTMENT GROUP LLC					
		Firm/Company		<u> </u>			
13551	LUXE	AVE. APT 206					
		Address		<u> </u>			
BRAD	DENTO	N/FL 34211					
_		City/State and Zip Coo	le	_			
OZZY	′66 1 4@	GMAIL.COM					
	E-mail	address: (to be used for future	annual report notif	ication)			
For fu	rther in	nformation concerning this ma	tter, please call:				
AHMI	ET OZO	JUN	941	301-6644			
		Name of Person	at (
	<u>Mai</u>	ling Address:		Street Address:			
	_	istration Section		Registration Section			
		sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee			
		ahassee, FL 32314		2415 N. Monroe Street, Suite 810			
	i aile	unussee, 1 L 525 l T		Tallahassee, FL 32303			
	Encl	osed is a check for the follow	ing amount:				
	■ \$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. Na	UNIQUE INVEST	MENT	GROUP LI	.C	
1. iNa 2. (a)	me of the limited liability company:	······································		UXE AVE, APT 206 BRADENTON, FL	
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ('	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	DECEMBER 18, 2020	_	1.2000039	6353	
3. 5. (a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC	4.		Document number	
	Registered Agent and Registered Office shown on the records of the 5575 S. SEMORAN BLVD SUITE 36, ORLANDO, FL 32	ate:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	<u>s,</u>		
		32822		2021	
	AHMET OZGUN				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	· • • · · · ·			
	13551 LUXE AVE APT 206 BRADENTON, FL 34211			PH : 4 1	
	NEW Registered Office Address:			. 25 55	
	13551 LUXE AVE APT 206 BRADENTON, FL,	34211		_	
change igent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rould be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	register bility co f the lin imited	ed office a ompany, it vited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.	
Signat	ture of a member or authorized representative of a member	•		Printed or typed name of signee	
provisi he obl o merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha I in writing of this change.	rertorm	ance of my	duties, and I am familiar with and accept	
Signatu	ro of Kégistered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00