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| PICK-UP WAIT MAIL | | | | | | | |
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| Certified Copies Certificates of Status | _ | | | | | | |
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| Special Instructions to Filing Officer: | ı | | | | | | |
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| J. HORNE | | | | | | | |
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Office Use Only



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SECRETARY OF SIGN

* 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 | nme of the limited liability company: Phoenix | Down | Capita | Invest | ments LLC. |
|---------------------------|---|--|---|---|---|
| 2 (2) | | (b) | | | |
| Σ. (α) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) |] | Mailing address | of limited liability company: BE POST OFFICE BOX) |
| | 4809 Laddie Ct. | | | | |
| | Orlando, FL 32821 | <u></u> - | Or/un | ido, FL | 32821 |
| | 2/1/2021 | | L21 | 1 00005 | 6282 |
| 3. | Date of filing/registration in Florida | 4. | | Document r | |
| 5. (a) | Northwest Registered Agent LL Registered Agent and Registered Office shown on the records of the | he Florida I | Dept. of Stat | c: | |
| | Registered Office Address (MUST BE FLORIDA STREET A | | | | |
| | 7901 4TH ST N Ste | 300 | | _ | |
| | St. Petersburg, FL | 3370 | 2 | _ | 2022 SE(TAL) |
| (b) | | | | | FAR A TI |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | B-2 |
| | Dunny Lee Cucuta NEW Registered Office Address: | | | _ | FILED 2 FEB -2 PM 2: 48 ECRETARY OF STATE |
| | 4809 laddie Ct. | | | | - 6 |
| | Orlando, FL | 328 | 21 | _ | |
| the ch agent was/w | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | the regist ibility cor f the limi | ered offic npany, it ted liabili | e and the bus is hereby cor ty company (| siness office of the registered ifirmed that the change(s) |
| | 12 | | anny | Lee C | ped name of signee |
| • | ature of a member or authorized representative of a member | | | | · · |
| provis the ob to me | eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change. | ee to act performa d for in C hereby co | in this cap nce of my hapter 60 nfirm thai | pacity. I furt duties, and i 5, F.S. Or, i t the limited i | her agree to comply with the I am Jamiliar with and accept f this document is being filed liability company has been |
| Signat | ure of Registered Agent | | | | |