L21000106493

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COVER LETTER

TO: Registration Section Division of Corporations			
Sobster. 1 0 (()	MENT GROUP LLC Hability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to	the following:		
Cassanda Davis			
Name of Person			
B. 1994 Investment GR	<u>P</u>		
8010 Allamanda Ct,	·		
Lehigh, FL. 33972 City/State and Zip Code			
+ WUCSan Dyahoo, Com E-mail address: (to be used for future annual report n	otification)		
For further information concerning this matter, please call:			
Oussandra Lauis at 195 Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

INHS18 (2/14)

. STÆTEMENT 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.

PS 1994	Investment Group LLC
ROID Ollamando Al	-
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (ENIGH ACIES, FL. 3394)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
03/05/2021	L21000106493
5. (a) Registered Agent and Registered Office shown on the records of the	A. Document number Orale Sem as LLC e Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET AD 155 OF FICE PLUICE DY 151 ADDRESSEE FLORIDA STREET AD 155 OF FILE PLUICE PROPRIETE	ive (First Plave)
(b)	2 2
Cassandra Davis NEW Registered Office Address:	SECURICE STATE TO THE STATE STATE TO THE STATE STATE THE STATE THE STATE THE STATE STATE THE STATE STATE THE STATE STATE THE STATE THE STATE THE STATE STATE THE STATE STATE THE STATE STATE THE STAT
EO 10 Allamanda (Lehigh Acres	<u>3394</u> 2
If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the liability of a member or authorized representative of a member.	ne registered office and the business office of the registered ility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete point the obligations of my position as registered agent as provided to nevel verflect a change in the registered office address. I he notified in writing of this change.	e to act in this capacity. I further agree to comply with the
Signature of Registered Agent	

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