## h21000107291

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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## COVER LETTER

TO: Registration Section   Register Division of Corporations   Register	red Agent reds Change	e							
CHAE AND JENNIFER LEE INVE	STMENTS LLC								
Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.							
Please return all correspondence concerning th	is matter to the	following:							
Chae Lee									
Name of Person									
CHAE AND JENNIFER LEE INVESTMENTS LL	.C								
Firm/Company		<del>_</del>							
850 SE US Highway 19									
Address									
Crystal River, Fl. 34429		TO TO							
City/State and Zip Code	<u></u> _	<del>-</del> 2							
chaelee2013@gmail.com		· , . ×							
E-mail address: (to be used for future ann	ual report notifi	cation)							
For further information concerning this matter,	please call:								
Chae Lee	352	795-1881							
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							
Enclosed is a check for the following	amount:								
■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy							
INHS18 (2/14)									



October 24, 2022

CHAE LEE CHAE AND JENNIFER LEE INVESTMENTS LLC 850 SW US HIGHWAY 19 CRYSTAL RIVER, FL 34429

SUBJECT: CHAE AND JENNIFER LEE INVESTMENTS LLC

Ref. Number: L21000107291

We have received your document for CHAE AND JENNIFER LEE INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We must have a signature on this form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 022A00023810

NOV - 4 2022

www.sunbiz.org

## 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	ame of the limited liability company: Chae and Jenni	ifer Lee Ir	ives	stments LLC			
2. (								
\	,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0	M	failing address of limited liab	ility compa	ny:
		850 SE US HWY 19			850 SE US F	HWY 19		
		Crystal River, Fl., 34429			Crystal Rive	er, Fl. 34429		
		03/15/2021		İ	L2100010729	<b>)</b>		
3.		Date of filing/registration in Florida	4.	=	D	Document number		
5.	(a)							
	<b>\</b> '	Registered Agent and Registered Office shown on the records	of the Flor	ida	Dept. of State:			
		Chae Lee						
		Registered Office Address (MUST BE FLORIDA STREE		2027				
		1859 Hidden Springs Dr				· .	20	<del></del> :
		Trinity	FL				1- AON 220	
							<u> </u>	
(	b)	Enter name of NEW Registered Agent and/or NEW Register					<u></u>	- ] ****
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office	add	<u>lress</u> :		: 22	
		Chae Lee					10	
		NEW Registered Office Address:						
		850 SE US HWY 19						
		Crystal River	34429					
			r I					
char ager was	ige it w /we	mited liability company is not organized under the lor changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited at authorized by an affirmative vote of the members cles of organization or the operating agreement of the fill of the	he registe liability s of the l ne limite	erec cor imi d lia	d office and t upany, it is h ted liability o	the business office of the hereby confirmed that the company or as otherwis	e register e change	ed (s)
Signature of a member of authorized representative of a member					P.	Printed or typed name of sign	ee	
prov the o to m	risio Obli Vere	ov accept the appointment as registered agent and a ons of all statutes relative to the proper and comple gations of my position as registered agent as provid by reflect a change in the registered office address, I in writing of this change.	gree to a te perfor ded for ir I hereby	rct i mai r Ci coi	in this capaci nce of my du hapter 605, I nfirm that the	city. I further agree to outies, and I am familiar v H.S. Or, if this document e limited liability compa	omply wid with and a at is being any has be	th the accept giled een
Sign	atur	re of Registered Agent						