## W21000139475

(Requestor's Name)						
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PICK-UP WAIT MAIL						
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(Document Number)						
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		COVER	LETTER				
TO:	Registration Section Division of Corporations		•	•	,		
SUBJ	DECT: ABLE 5 INVESTMENTS	LLC					
		Name of Limited	Liability Company	,			
Dear	Sir or Madam:						
The e	nclosed Registered Agent/Registered	Office Change an	d fee(s) are submit	ted for filing.			
Pleas	e return all correspondence concernin	ng this matter to the	following:				
Melis	ssa Jones						
-,	Name of Person						
ZenB	usiness Inc.						
	Firm/Company		<del></del>				
336 E	. College Ave. Suite 301						
	Address		<del></del>		_	202	
Tallal	passee, FL 32301				I ALLOHASSE	2022 JUL 1 I	
	City/State and Zip Co	de	<del></del>		2: 2:	_	
ra@z	enbusiness com					PH 2:	
	E-mail address: (to be used for future	annual report noti	fication)		77	2: 5	
For fi	orther information concerning this ma	itter, please call:			•	∞	
Me	issa Jones	844 at (	493-6249				
	Name of Person		Area Code & I	Daytime Teleph	ione Nur	nber	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Section Corporations f Tallahassee croe Street, Su			
	Enclosed is a check for the follow	ving amount:					
	□ \$25 Filing Fee	<b>-</b>	555 Filing Fee & C	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.	Name of the limited liability company: ABLE 5	5 INVESTMENTS LLC						
2. (8	10450 ACOSTA OAKS DRIVE	E <sub>(b)</sub> 12452 ACOSTA OAKS DRIVE						
Z. (8	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)							
	JACKSONVILLE, FL 32258	JACKSONVILLE, FL 32258						
	03/25/2021	L21000139675						
3.	Date of filing/registration in Florida	4. Document number						
5. (	Registered Agents Inc.							
(		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	7901 4th St N							
	Registered Office Address (MUST BE FLORIDA STREE	EET ADDRESS)						
	STE 300	202						
	St. Petersburg	FL 33702 HAND TO THE SECOND TO						
(t	ZenBusiness Inc							
`	Enter name of NEW Registered Agent and/or NEW Registe	tered Office address:						
	336 E. College Ave.	55 S						
	NEW Registered Office Address:							
	Suite 301							
	Tallahassee	, FL_32301						
If the	e limited liability company is not organized under the	e laws of the State of Florida, it is hereby confirmed that after the						
chan agen was/	ge or changes are made, the Florida street address of t t will be identical. Or, in the case of a Florida limited	f the registered office and the business office of the registered ed liability company, it is hereby confirmed that the change(s) ers of the limited liability company or as otherwise provided in						
	s/ LaQuinta Johnson	LaQuinta Johnson						
Sig	nature of a member or authorized representative of a member	Printed or typed name of signee						
prov the c to m	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple ibligations of my position as registered agent as provi erely reflect a change in the registered office address, ledin writing of this change.	l agree to act in this capacity. I further agree to comply with the lefe performance of my duties, and I am familiar with and accept vided for in Chapter 605, F.S. Or, if this document is being filed s, I hereby confirm that the limited liability company has been						
Sign	ature of Registered Agent	•						

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