

L21000225400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

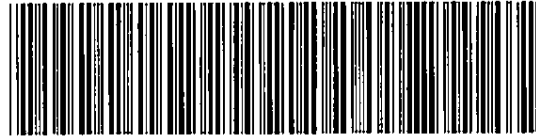
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

L21000225400

Office Use Only



200441815332

FILED  
JAN 16 AM 10:38  
ALLAHUSSE, FL

RECEIVED  
2025 JAN 16 PM 3:13  
JAN 16 2025

AB



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com  
Ext: x61563  
Date: 01/16/25  
Order #: 1775421-1  
Re: AMBHWB INVESTOR LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the "TO WHOM IT MAY CONCERN:" line.

Enclosed please find:

Change of Registered Agent and Office  
Check in the amount of: \$25.0 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis  
Issue proof of filing  
Return evidence to the following:  
ATTN: Shauna Godbolt  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMBHWB Investor LLC

Name of Limited Liability 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:

Brian T Murphy or Kevin Jones

Name of Person

Boich Investment Group

Firm/Company

577 West Nationwide Blvd., Suite 302

Address

Columbus, Ohio 43215

City/State and Zip Code

Kevin@Boich.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian T Murphy	614	221-0101
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Name of Person

Area Code &amp; 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☐ \$55 Filing Fee & Certified Copy

*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.*

INHS18 (2/14)