

(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:						
J. HOR NE						
BEC 29 2021						





12/13/21--01008--028 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations					
CHDI	ECT: MAIN CAVE INVESTMENTS LLC Name of Limited Liability Company					
SODA						
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.			
Please	return all correspondence concerning	g this matter to the	e following:			
LOVE	TTE DOBSON					
*****	Name of Person					
INCFI	LE.COM LLC					
***	Firm/Company					
17350	STATE HWY 249 #220					
	Address					
HOUS	TON, TEXAS 77064					
	City/State and Zip Coo	de	·			
EFILE	1234@INCFILE.COM					
	E-mail address: (to be used for future	annual report noti	fication)			
For fu	rther information concerning this ma	tter, please call:				
LOVE	TTE DOBSON	888 at (462-3453			
	Name of Person	\	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 follow	ring amount:				
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy			
INH\$1	8 (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. N	ame of the limited liability company: MAIN CAVE IS	NVESTN	ENTS LLC	
2 (a)			(b)	
_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	126 SE 2ND AVE UNIT 4		126 SE 3	2ND AVE UNIT 4
	HALLANDALE BEACH, FL 33009		HALLA	NDALE BEACH, FL 33009
	07/16/2021		1.2100032	24959
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
- (u)	Registered Agent and Registered Office shown on the records of	of the Flor	da Dept. of S	tate:
	DAVID ALEXANDER KEEN			
	Registered Office Address (MUST BE FLORIDA STREET	TADDRE	<u>S.S.)</u>	<u>—</u>
	126 SE 2ND AVE UNIT 4			
	HALLANDALE BEACH . F	33009		
				FIL 2021 DEC 13 SECRETARY ALLAHASSEE
(b)	Enter name of NEW Registered Agent and/or NEW Registered			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office	iddress:	AR SSE
	JUDITH PERKINS			OF B IN
	NEW Registered Office Address:	-	-	95 = D
	126 SE 2ND AVE UNIT 4			
	HALLANDALE BEACH . F	33009 L		
agent was/w the art Signa I here provis the object of mer	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members icles of organization or the operating agreement of the dufactor Person Fermalian agreement of the attree of a member or authorized representative of a member or by accept the appointment as registered agent and as ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change.	of the linited	ered office company, i mited liability co	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. XANDER PERKINS KEEN Printed or typed name of signee