L21000384318

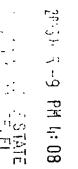
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
- Commission of the commission						

Office Use Only



700398134267

12/08/22--01006--026 **35.00



COVER LETTER

SUBJECT:	The Investor	Weekly LL(
		_ 	Liability Company
Dear Sir or Madam	:		
The enclosed Regis	stered Agent/Registered	Office Change an	d fee(s) are submitted for filing.
	rrespondence concerning		
Michael	Edgar		
	Name of Person		
The Inve	stor Weekly L'	LC	
	Firm/Company		· · · · · · · · · · · · · · · · · · ·
11343 How	uland Ct.		
	Address		
Jacksonvi	ille, FL 32	7 56	
	City/State and Zip Cod		
edgar.	michaelré	gmail.co	m r='R"
	s: (to be used for future a		
For further informat	ion concerning this matt	er, please call:	
Michael E	dgar	at (631	, 678-5026
Nan	ne of Person		Area Code & Daytime Telephone Number
Mailing Ac Registration Division of P.O. Box 6 Tallahassec	n Section Corporations 327		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	ng amount:	
S25 Filing	g Fee	. 🗆 \$5	55 Filing Fee & Certified Copy



February 27, 2023

MICHAEL EDGAR 11343 HOWLAND COURT JACKSONVILLE, FL 32256

SUBJECT: THE INVESTOR WEEKLY LLC

Ref. Number: L21000384318

We have received your document for THE INVESTOR WEEKLY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 523A00004591



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: The la	vestor !	Weekly LLC		
	11343 Howland Ct. Jacksonville FL 3	2256 (h)	11343 Howland	Ct. Jacksonville FL 32256	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		-			
	2021	·	L 21000 38	34318	
3.	Date of filing/registration in Florida	4.	Document	number .	
5. (a)	Cheyenne Moseley, United St. Registered Agent and Registered Office shown on the records				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		1 20	
	5575 South Semoran Bl		aite 36	S. 4 600	
	orlando ,	FL 32	855	o Francis	
(b)	Michael Edgar			PM 4: 08	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office addr	<u></u>	08 FL	
	NEW Registered Office Address:	 			
	11343 Howland Ct.				
	Jack sonville	_{TL} 322	56		
change agent was/we the arti Signat	mited liability company is not organized under the last or changes are made, the Florida street address of the relation of the case of a Florida limited later authorized by an affirmative vote of the members cless of organization or the operating agreement of the later of a member or authorized representative of a member or authorized representative of a member or authorized representative of a member of a memb	ne registered liability comps of the limited liab	office and the business pany, it is hereby cond liability company of the company. Michael R. Printed or type	ss office of the registered firmed that the change(s) or as otherwise provided in Edgal ed name of signee	
provision the obli to mere	ons of all statules relative to the proper and complete gations of my position as registered agent as provid ly reflect a change in the registered office address, It in writing of this change.	e performand led for in Cha I hereby conf	re of my duties, and I opter 605, F.S. Or, if irm that the limited li	am familiar with and accept this document is being filed ability company has been	
Signatur	e of Registered Agen				