2/16/24, 4:59 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000065479.3)))



Note: DO NOT hit the REFRESH RELOAD button on your browser from this page.

Doing so will generate another cover sheet. Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996 First the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** · Email Address:



LLC REGISTERED AGENT CHANGE COHEN AND CARTER INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25,00

Flectronic Filing Menu — Corporate Filing Menu

Help

From: David Thomas

To: - Page: 3 of 3 2024-02-16 16:06.05 CST 12122023573 From, David Thomas

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	me of the limited liability company:	RTER B	NVESTME?	NTS, LLC ———————————————————————————————————			
2. ((a)	7901 4TH \$T N	(h	7901 4TL	I ST N			
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- '`	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)				
		STE 300		STE 300				
		ST. PETERSBURG, FL 33702	-	ST. PETE	RSBURG, FL 33	702		
		10/04/2021		L21000433	845			
3.		Date of filing/registration in Florida	4.		Document nun	iber		
5. (a	(a)	Registered Agents Inc						
	,,	Registered Agent and Registered Office shown on the records of the 7901-4TH ST $^{\rm N}$	te;					
		Registered Office Address	<u>DDRESS</u>	ù	_	SEC		
		ST PETERSBURG ,FL	33702			2024 FEB 19 AM SECRETALIATION TALLAHASSEE		
	(h)	C. I. Corporation System				HASS	9	
	0,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:		_	SEE, FL	AM 8:57	
		NEW Registered Office Address:			_			
		1200 South Pine Island Road			_			
		Plantation, FL_	33324		_			
the age was	cha nt w /wc	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	s of the the regin bility co the limited	stered offic ompany, it i nited habili liability con	ce and the busine is hereby confire ty company or a mpany.	ess office oned that the	of the r re chan	egistered ge(s)
		oriel L. McCoy, authorized representative of a member	G	abriel L. N	fcCoy, Esquire			
	•	ure of a member or authorized representative of a member			Printed or typed a			:4. 4
pro the to n	visi obl. nere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p wations of my position as registered agent as provided by reflect a change in the registered office address. I he is C.I. Corporation System	perform Ljör in G ereby co	i in this var amce of my Chapter 60 onfirm that	vacity. I further duties, and Lan 15, F.S. Or, if thi the limited liab.	agree to c i familiar is documer ility compo	ompty with ar it is be any ha	with the id accept ing filed s heen
By:	S E 4	C T Corporation System N L EMEROX ASSISTANT SECRETARY TO of Registered Agent	.					

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