## Florida Department of State Division of Corporations Electronic Filling Coversheet

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.

(((H22000360734 3)))



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	Division of Co	_	27	AS.
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From:				rn cy
	Account Name	: INCFILE.COM		严重
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	Phone	: (888)462-345 : (877)919-265		
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## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJE	MCKOYSOUL INVESTMENTS	, LLC	
JOBJE		ame of Limited L	ability Company
Dear Sir	or Madam:		
The enc	losed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.
Please re	eturn all correspondence concerning	this matter to the	following:
LOVET	TE DOBSON		
	Name of Person		<del></del>
INCFIL	E.COM LLC		
	Firm/Company		<del></del>
17350 S	TATE HWY 249 #220		
	Address		<del></del>
HOUST	ON, TEXAS 77064		
	City/State and Zip.Cod	e	
EFILE	234@INCFILE.COM		
E-	mail address: (to be used for future a	annual report notif	ication)
For furt	her information concerning this mat	ter, please call:	
I.OVET	TE DOBSON	888 at (	462-3453
<del>,</del>	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	ing amount:	
	■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy
INHS18	(2/14)		(((H22000360734 3)))

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000360734 3)))

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.

١.	Na	me of the limited liability company: MCKOYSOUL IN	VEST	MI	ENTS, LLC				
2.	(a)		_	(b)	)				
	ζγ	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			М	lailing address of I (Note: MAYBE	imited liab	ility con	npany:
		800 PARKSIDE CIRCLE APT 805			800 PARKS	SIDE CIRCLE A	PT 805		
		PANAMA CITY BEACH, FL 32413	_		PANAMA (	CITY BEACH, F	1. 32413		
		10/22/2021		1	_2100046140	)6			
3.		Date of filing/registration in Florida	4.	-	I	Document num	ber		
5.	(a)								
.).	(a)	Registered Agent and Registered Office shown on the records of t	hc Flori	ida	Dept. of State:	:			
		INC AUTHORITY RA							
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE	ss	!				
		390 NORTH ORANGE AVE., STE 2300-N							
		ORLANDO, FL	32801				:: -:::	207	
							2 <u>2</u>	2022 OCT 20	
	(h)	Enter name of NEW Registered Agent and/or NEW Registered	Office	ad.			> <u>-</u>	7	
		Enter thank of the W Registered Agent and of the Westered	Ollite.				RY		
		LEGALINC CORPORATE SERVICES INC.					AHASSEE.	PH 12:	<u>III</u>
		NEW Registered Office Address:					1.2	$\dot{\Sigma}$	D
		5237 SUMMERLIN COMMONS SUITE 400		<del></del>			THE STREET	19	
		FORT MYERS, FL	33907						
the Drine	ange ent vas/we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete ligations of this change.	registe bility f the li limited Da	co im d li	d office and mpany, it is ited liability ability compayer Mckoy	the business of hereby confirm company or as pany.  Printed or typed noticing. I further to	ffice of the distriction of the	he regi he cha se prov	stered nge(s) vided in