7(15/24, 12:39 PM Division of Corporations

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> > (((H24000239635 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone : (888)705-7274

: (888)706-7274

Fax Number

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE ADYCO INVESTMENT PARTNERS LLC

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JUL 17 2024

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July 16, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

ADYCO INVESTMENT PARTNERS LLC 2124 N. LAKE ELOISE DRIVE WINTER HAVEN, FL 33884US

SUBJECT: ADYCO INVESTMENT PARTNERS LLC

REF: L21000526698

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted is incomplete.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly FAX Aud. #: H24000239635 Regulatory Specialist II Letter Number: 924A00015396

INHS18 (2/14)

H24000239635 3

COVER LETTER

	Registration Section Division of Corporations					
SUBJE	AdyCo Investment Partners LLC	•				
	Name of Limited Liability Company					
Dear Sir	or Madam:					
The enc	losed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning	g this matter to the	following:			
Mary Ca	astillo					
	Name of Person					
Register	ed Agent Solutions, Inc.					
	Firm/Company					
Corporal	te Center One, 5301 Southwest Pkwy,	Ste 400				
	Address					
Austin, 1	FX 78735					
	City/State and Zip Coo	le				
E-	mail address: (to be used for future	annual report notif	īcation)			
For furtl	ner information concerning this ma	tter, please call:				
Mary Ca	astillo	888 at (705-7274			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations			Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the follow	ing amount:				
	S25 Filing Fee	u s	☐ \$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

→ 18506176383

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.

(a)	2124 N. LAKE ELOISE DRIVE		(b) 2124 N. LAKE ELOISE DRIVE			
197.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: tNote: MAY BE POST OFFICE BON		
	WINTER HAVEN, FL 33884		WINTER	HAVEN, FL 33884		
	12/14/2021		L2100052	6698		
	Date of filing/registration in Florida	4.		Document number		
(a)	LUCIO, ALEX					
	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of Sta	ie;		
	2124 N. LAKE ELOISE DRIVE					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(22</u>	2024 TALL		
	WINTER HAVEN , F	L_33884		ZOZA JUL 16 AM 4: 06 TALLAHASSEE E E LORIO		
(b)	Registered Agent Solutions, Inc.	Service Res				
	Enter name of NEW Registered Agent and/or NEW Registered Office add					
	2894 Remington Green Ln.			206 200		
	NEW Registered Office Address;					
	Ste. A	-				
	Tallahassee F	32308	; 	_		
inge ent w s/we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of of the li	red office an company, it i mited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
	Alex Lucio	Al	ex Lucio	Authorized Signer		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hibler, Asst. Secretary
Signature of Registered Agent