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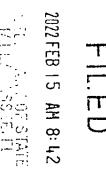
| (Requestor's Name)                      |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
|   |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
| Special mediations to 1 ming embor.     |  |  |  |  |  |
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Office Use Only



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C. BRUMBLEY FEB 2 4 2022

## **COVER LETTER**

|                     | egistration Section ivision of Corporations  |                     |  |  |  |  |  |
|---------------------|--|---------------------|--|--|--|--|--|
| SUBJEC <sup>*</sup> | Financial Investment Evolution LLC   |                     |  |  |  |  |  |
| SUBJEC              | Name of Limited Liability Company  |                     |  |  |  |  |  |
| Dear Sir o          | or Madain:   |                     |  |  |  |  |  |
| The enclo           | sed Registered Agent/Registered  | Office Change an    | nd fee(s) are submitted for filing.  |  |  |  |  |
| Please ret          | urn all correspondence concernin   | g this matter to th | e following:   |  |  |  |  |
| Jamere Ro           | egers  |                     |  |  |  |  |  |
|                     | Name of Person   |                     | <del></del>  |  |  |  |  |
| Financial I         | Investment Evolution   |                     | ·  |  |  |  |  |
|                     | Firm/Company   |                     |  |  |  |  |  |
| 1451 W C            | ypress Creek Road Suite 300  |                     |  |  |  |  |  |
|                     | Address  |                     | <del></del>  |  |  |  |  |
| Pompano             | Beach FL 33309   |                     |  |  |  |  |  |
|                     | City/State and Zip Co  | de                  |  |  |  |  |  |
| jamere@fi           | iesolutions.com  |                     |  |  |  |  |  |
| E-m                 | nail address: (to be used for future   | annual report no    | tification)  |  |  |  |  |
| For further         | er information concerning this ma  | atter, please call: |  |  |  |  |  |
| Jamere Ro           | ogers  | 786<br>at (         | 2670602  |  |  |  |  |
| ·                   | Name of Person   | u. (                | Area Code & Daytime Telephone Number   |  |  |  |  |
| R<br>E<br>P         | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314 |                     | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |  |  |  |
| E                   | Enclosed is a check for the follow   | wing amount:        |  |  |  |  |  |
|                     | \$25 Filing Fee  |                     | \$55 Filing Fee & Certified Copy   |  |  |  |  |

## 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: Financial Investr   | nent Eve                                      | olution LLC                            |  |  |
|---|--|---|--|--|--|
| 2. (a)                                    |  |   | (b)                                    |  |  |
| _   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |   | (0)                                    | Mailing address of limited liability company:<br>(Note: MAY BE POST OFFICE BOX)  |  |
|   | 1451 W Cypress Creek rd Suite 3(X)   |   | 1451 W Cypress Creek rd suite 300      |  |  |
|   | Pompano Beach FL 33309   | <del></del>                                   | Pompa                                  | no Beach FL 33309  |  |
|   | 1223/2021  |   | L22000                                 | X)233 i  |  |
| 3.  | Date of filing/registration in Florida   | —<br>4.                                       |  | Document number  |  |
| 5. (a)                                    | Jamere Rogers  |   |  |  |  |
| J. (a)                                    | Registered Agent and Registered Office shown on the records of   | f the Flor                                    | ida Dept. of                           | State:   |  |
|   | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 601 N Federal Hwy apt 128   |   |  |  |  |
| (b)                                       | Pompano Beach , F  | L   |  | <b>202</b>   |  |
|   | 33062  | 2FEB  |  |  |  |
|   | Enter name of NEW Registered Agent and/or NEW Registered Office address:   |   |  | <u></u>  |  |
|   | Jamere Rogers  |   |  | AH 8: 42   |  |
|   | NEW Registered Office Address:   |   |  |  |  |
|   | 1451 W Cypress Creek rd suite 300  |   |  |  |  |
|   | Pompano Beach F  | L_33309                                       |  |  |  |
| change<br>agent v<br>was/we               | imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the | e registe<br>iability<br>of the le<br>limited | ered office<br>company,<br>imited liab | and the business office of the registered<br>it is hereby confirmed that the change(s)<br>pility company or as otherwise provided in<br>company. |  |
| Signal                                    | ture of a member or authorized representative of a member  |   |  | Printed or typed name of signee  |  |
| provisi<br>the obl<br>to mere<br>notified | by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I fin writing of this change.                                 | e perfor.                                     | mance of r                             | ny duties, and I am familiar with and accept   |  |
| Signatu                                   | Rogistered Agent   |   |  |  |  |