L22000037829

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER.

TO: Amendment Section Division of Corporations			
SUBJECT: Richard Invest LLC Name of Corporation			
DOCUMENT NUMBER: L22000037829			
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for fi	iling.	
Please return all correspondence concerning this matt	er to the following:		
Michelle E. Treiber			
Name of Contact Person			
Duval Asset Management LLC			
Firm/Company			
9378 Arlington Expressway, Unit 191 Address			
Jacksonville, FL 32225 City/State and Zip Code			
•			
DuvalAM.Michelle@gmail.com E-mail address: (to be used for future annual repo	net notification)		
E-man address. (to be used for future annual repo	on nouncation)		
For further information concerning this matter, please		2024 JAN 23 SECRETAL TALL ST	1
Michelle E. Treiber	at (904)994-1107 Area Code & Daytime Telep		
Name of Contact Person	Area Code & Daytime Telep	hone Numbe	
Enclosed is a \$35.00 check made payable to the Depa	urtment of State.	OF STATE	٠
Mailing Address:	Street Address:		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314



December 7, 2023

MICHELLE E TREIBER DUVAL ASSET MANAGEMENT LLC 9378 ARLINGTON EXPRESSWAY, UNIT 191 JACKSONVILLE. FL 32225

SUBJECT: RICHARD INVEST LLC Ref. Number: L22000037829

We have received your document for RICHARD INVEST 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 Corporation, but your entity is a Limited Liabilit Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Letter Number: 523A00027891

Diane Cushing Operations Manager A

www.sunbiz.org

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STATEMENT OF CHANGE OF REGISTERÉD 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.

submus the jouowing statement in order to change its registered office or registered agent, or both, in the state of 1 tor	ma.
1. Name of the limited liability company: Richard Javest LC	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 9378 Ar Lington Expy Unit 191 TACKSONUMETE 32225 TACKSONUMER A 32225	— Mit
O1 -14 - ZZ LZZ 0000 378Z9 Date of filing/registration in Florida 4. Document number	
5. (a) MO Jax MANAGEMENT Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 4533 H. Away Are Ale 3 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Duval Asset Management, uc NEW Registered Office Address: 9378 Arlington Ekpy, Unit 191	
JACKSONNILE FL 32225	. 1
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member Printed or typed name of signee	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and act the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being fit to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in syriting of this change.	าคท

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

Signature of Registered Agent