## Florida Department of State Division of Conocrations

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.

(((H24000325014 3)))



H240003250143ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter 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 TJB HINTZE INVESTMENTS LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 25 2024 K. Brumbley

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

## **COVER LETTER**

→ 18506176383

| TO:     | Registration Section Division of Corporations      |   |  |  |  |  |  |  |  |
|---------|--|---|--|--|--|--|--|--|--|
| SUBJI   | TJB HINTZE INVESTMENTS LLC                         |   |  |  |  |  |  |  |  |
| 30001   |  | ited Liability Company                  |  |  |  |  |  |  |  |
| Dear S  | ir or Madam:                                       |   |  |  |  |  |  |  |  |
| The en  | closed Registered Agent/Registered Office Chang    | ge and fee(s) are submitted for filing. |  |  |  |  |  |  |  |
| Please  | return all correspondence concerning this matter   | to the following:                       |  |  |  |  |  |  |  |
| Alicia  | Richards   |   |  |  |  |  |  |  |  |
|         | Name of Person                                     |   |  |  |  |  |  |  |  |
| Registe | ered Agent Solutions, Inc.                         |   |  |  |  |  |  |  |  |
|         | Firm/Company                                       |   |  |  |  |  |  |  |  |
| Corpor  | rate Center One, 5301 Southwest Pkwy. Ste 400      |   |  |  |  |  |  |  |  |
|         | Address  |   |  |  |  |  |  |  |  |
| Austin. | , TX 78735   |   |  |  |  |  |  |  |  |
|         | City/State and Zip Code                            |   |  |  |  |  |  |  |  |
|         | -mail address: (to be used for future annual repor | t notification)                         |  |  |  |  |  |  |  |
|         |  |   |  |  |  |  |  |  |  |
| rortui  | ther information concerning this matter, please ea | ui.                                     |  |  |  |  |  |  |  |
| Alicia  | Richards 88<br>at (                                | 8 705-7274                              |  |  |  |  |  |  |  |
|         | Name of Person                                     | Area Code & Daytime Telephone Number    |  |  |  |  |  |  |  |
|         | Mailing Address:                                   | Street Address:                         |  |  |  |  |  |  |  |
|         | Registration Section                               | 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        |  |  |  |  |  |  |  |

☐ \$55 Filing Fee & Certified Copy

15129570210

## 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.

| I. Na                                   | ame of the limited liability company:   | IVEST                                   | MEN                             | TS LLC   |  |              |  |  |
|---|---|---|---------------------------------|--|--|--------------|--|--|
| 2. (a)                                  | 4471 LUXEMBOURG COURT   |   | (b)                             | 4471 LUXEMB  | OURG COURT   |              |  |  |
| <u>-</u> . (w)                          | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |   | (-,                             | Mailing  | g address of limited liability company:<br>e: MAY RE POST OFFICE BOX                                     |              |  |  |
|   | 208   |   |                                 | 208  |  | _            |  |  |
|   | LAKE WORTH, FL 33467  |   |                                 | LAKE WORTH   | . FL 33467   |              |  |  |
|   | 3/7/2022  |   | i                               | .22000116220   |  |              |  |  |
| 3.                                      | Date of filing/registration in Florida  |   | _                               | Docu   | ment number  | _            |  |  |
| 5. (a)                                  | HINTZ, AIDIN  |   |                                 |  |  |              |  |  |
| J. (a)                                  | Registered Agent and Registered Office shown on the records o   | f the Flo                               | orida                           | Dept, of State:  |  |              |  |  |
|   | 4471 LUXEMBOURG COURT   |   |                                 |  |  |              |  |  |
|   | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |   |                                 |  |  |              |  |  |
|   | 208   |   |                                 |  |  |              |  |  |
|   | LAKE WORTH , F  | 3346<br>L                               | 7                               |  | 2024 \$  |              |  |  |
|   | D. Carlotte and Call of the Land  |   |                                 |  | <b>♡</b>   |              |  |  |
| (b)                                     | Registered Agent Solutions, Inc.  | 1000                                    |                                 |  | <u>.</u>   |              |  |  |
|   | Enter name of NEW Registered Agent and/or NEW Registere   | <u>a Other</u>                          | <u>e naa</u>                    | ress:  |  |              |  |  |
|   | 2894 Remington Green Ln.  |   |                                 |  | A31 150 F.O.   |              |  |  |
|   | NEW Registered Office Address:  |   |                                 | <del></del>  | ···  |              |  |  |
|   | Ste. A  |   |                                 |  | <u>:-</u>  |              |  |  |
|   | Tallahassee, F  | 3230<br>L                               | 8                               |  |  |              |  |  |
| change<br>agent v<br>was/we<br>the arti | imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the lan Hintze | e regis<br>iability<br>of the<br>limite | tered<br>con<br>limited lia     | I office and the language in t | business office of the registered<br>by confirmed that the change(s)<br>pany or as otherwise provided in |              |  |  |
| /s/<br>Signa                            | ture of a member or authorized representative of a member   | _                                       |                                 |  | ed or typed name of signee   |              |  |  |
| I here<br>provisi<br>the obl<br>to merc | by accept the appointment as registered agent and agens of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.  Mackenzie Hibler, Asst, Second         | perfo<br>ed for i<br>hereby             | act i<br>rmai<br>in Cl<br>v cor | n this canacity.   | I further agree to comply with th  | e<br>pt<br>d |  |  |

Signature of Registered Agent