## Floridal Department of State Division of Corporations Electronic Filing Cover Sheet

**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.

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To:					
	Division of Corporations				
	Fax Number	: (850)617-638	3		
From:					
	Account Name	: REGISTERED A	GENTS INC.		
	Account Number	r : 120090000081			
ψi,		: (307)200-280			
14	Fax Number	: (813)436-520	16		
	email address for report mailings		•		ure
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## 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.

Na	ame of the limited liability company:	ON INVESTMENT PI	ROPERTIES LLC
(a)		(b)	
	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS	npany:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300	•	7901 4th St N STE 300
	St. Petersburg FL 33702		St. Petersburg FL 33702
	09/20/22	L	22000411947
	Date of filing/registration in Florida	4.	Document number
(a)	CHATMON, FREDERICK S. JR		
(4,	Registered Agent and Registered Office shown on the	records of the Florida E	Dept. of State:
	1047 NEVILLE AVENUE		
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)	
			<u> </u>
	TAKETAND	FL_33805	
(b)	Northwest Registered Agent LLC		
(0)	Enter name of NEW Registered Agent and/or NEW I	Registered Office addr	ess:
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		3
	St. Petersburg	33702	
cha ent v s/we arti-	imited liability company is not organized und- inge or changes are made, the Florida street ac vill be identical. Or, in the case of a Florida I are authorized by an affirmative vote of the in cles of organization or the operating agreeme	er the laws of the S ddress of the registe imited liability con embers of the limit nt of the limited lia	state of Florida, it is hereby confirmed that after ered office and the business office of the register apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company.
ignat	M GMM M  sure of a member or authorized representative of a memb	ber	Printed or typed name of signee
ierek wisi wobli mere	by accept the appointment as registered agent	t and owee to act i	n this capacity. I further agree to comply with thace of my duties, and I am familiar with and accompter 605, F.S. Or, if this document is being file firm that the limited liability company has been
7	Taylor Newman - As	ssistant Secretary	