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## **COVER LETTER**

T0: Registration Section Division of Corporations					
JPT Investments LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	ffice Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning t	his matter to the	following:			
CHRISTINE M. BUDD					
Name of Person					
JPT INVESTMENTS LLC					
Firm/Company					
375 OTTER CREEK DR					
Address	. <u>-</u>	<del></del>			
VENICE FL 34292					
City/State and Zip Code		<del></del>			
cjouttahere@yahoo.com					
E-mail address: (to be used for future ar	nnual report notif	řication)			
For further information concerning this matter	er, please call:				
Christine Budd	619 at (	507-9272			
Name of Person		Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following	ng amount:				
□ \$25 Filing Fee	<b>a</b> \$	55 Filing Fee & Certified Copy			

INHS18 (2/14)

## 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	ame of the limited liability company:  JPT Investments L	LC		
2. (a)	, , , , , , , , , , , , , , , , , , , ,			er Creek Dr., Venice FL 34292
(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	( , ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		_		
	11/28/2022	_	L220005	00837
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	United States Corporation Agents Inc			<u></u>
	Registered Agent and Registered Office shown on the records of the	he Flori	da Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>5.5)</u>	7022 DE.C
	5575 S. Semoran Blvd Suite 36, Orlando FL, FL_	32822		EC 22
(b)	Christine M. Budd			
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	iddress:	<b>一</b> 1:08
	NEW Registered Office Address:			
	375 Otter Creek Dr.		=	
	Venice , FL	34292		
:hange igent v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility of the li	red office company, i mited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
(	Chult M. Budd	Ch	ristine M. I	
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi he obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha I in writing of this change.	ee to ac perform for in ereby c	ct in this co nance of m Chapter 6 confirm the	apacity. I further agree to comply with the by duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been

Signature of Registered Agent