## 122000506539

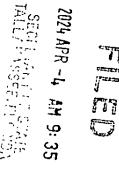
(Re	equestor's Name)	
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_		
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	<u></u>
(2)		,
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
	ET. Off.	
Special Instructions to	Filing Officer:	
١	1 100-11	
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Office Use Only



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## COVER LETTER

TO: Registration Solution of Co			
Happy Isl SUBJECT:	ands Investments, LLC		
	Name o	of Limited	Liability Company
Dear Sir or Madam:			
The enclosed Registere	ed Agent/Registered Office	Change a	nd fee(s) are submitted for filing.
Please return all corres	pondence concerning this n	natter to th	ne following:
Kylie Conrad & Kayla K	Ling		
	Name of Person		
Corp1, Inc.			
	Firm/Company		
7700 E Arapahoe Rd Ste	: 220		
	Address		<del></del>
Centennial, CO 80112			
C	ity/State and Zip Code		
E-mail address: (	to be used for future annual	l report no	tification)
For further information	concerning this matter, pla	ease call:	
Kylie Conrad		720 at (	823-9273
Name	of Person	<u> </u>	Area Code & Daytime Telephone Number
Mailing Add Registration 9 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27		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 an	nount:	
■ \$25 Filing I	<sup>2</sup> ec	0	\$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.

. (a)	940 BELLE MEADE ISLAND DRIVE		(b) 940 BELLE MEADE ISLAND DRIVE			
,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			nited liability company; OST OFFICE BOX)		
	MIAMI, FL 33138		HAMI, FL 33138			
	12/01/2022	1,2	2000506539			
	Date of filing/registration in Florida	4.	Document number	:r		
(2)	CORPORATION SERVICE COMPANY					
. (a)	Registered Agent and Registered Office shown on the record	ds of the Florida De	pt, of State:			
	1201 HAYS STREET					
	Registered Office Address	EET ADDRESS)	<del></del> -			
				202 TAL		
	TALLAHASSEE	, FL 32301-2525		<b> -           </b>		
(b)	Registered Agents Inc			(MICHELL)		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	tered Office addres	<u>\S</u> :			
	7901 4th St N			9: 35 9: 35		
	NEW Registered Office Address:					
	Ste 300					
	St. Petersburg	, FL_33702				
hange gent v vas/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the memberles of organization or the operating agreement of	f the registered o ed liability comp ers of the limited	ffice and the business offi any, it is hereby confirmed I liability company or as o	ice of the registered dithat the change(s)		
	S GONZALEZ ESTEVES	LUIS G	ONZALEZ ESTEVES			
_	ture of a member or authorized representative of a member		Printed or typed nam	•		
rovisi he obl o mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp, igations of my position as registered agent as prov Ily reflect a change in the registered office addres, I'in writing of this change.	l agree to act in lete performanc vided for in Cha s, I hereby confi	this capacity. I further age of my duties, and I am jo oter 605, F.S. Or, if this o rm that the limited liabilit	ree to comply with the miliar with and accept locument is being filed y company has been		