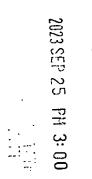
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(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ARPON LAWE / NVESI Name of Limited Lia	ments LLC bility Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fo	flowing:	
SUSAN CREIGHTON Name of Person	_	
Firm/Company	_	
1105 St. Georges Lane	_	
Address/ /UD Blach FL 3296 City/State and Zip Code	· 	
E-mail address: (to be used for future annual report notific	Mail, com	
For further information concerning this matter, please call:		
SUS AN (RESO 1470N) at (4/12) Name of Person) 192-04/34 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	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

	s the jouowing statement in order to change its registered office or registered agent, or both, in the state of riorida.
. Na	ame of the limited liability company: <u>[ARPON LAN'E NVESTMENTS LL</u> C
. (a)	Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	1660 MAN TESTAT
	2/1/23
	Date of filing/registration in Florida 4. Document number
. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	133 174/th Tenace. East
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1370 I W. Jewell Au
	FLESS 708 / Lakewood, Co
(b)	10411/ocd, Co
(-)	Enter name of the W Registered Agent and/or the W Registered Office address:
	SUSAN CREIGHTON SET TO NEW Registered Office Address:
	1105 St GOODELAND
	Vero Beach FL 32967
iange ent v as/we e arti	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in itself organization or the operating agreement of the limited liability company.
Signa	ture of a member or authorized representative of a member 505AN CREIGITON Printed or typed name of signee
ovisi e obl mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been a figure of this change.
ignatu	re of Registered Agent

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