Division of Corporations



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To:

Division of Corporations

1 (858)617-6383 Fax Number

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 128890680881 Phone : (307)200-2803 Fax Number : (813)436-5206

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one omail address please.**

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LLC REGISTERED AGENT CHANGE GF TRADING INVESTMENT LLC

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1/29/2024 0S-18 0£ PS₹ To 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 9134365206

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. N	ame of the limited liability company.	VESTMENT LLC		
-, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	02/06/23	L23000	0066803	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	NORTHWEST REGISTERED AGENT LLC			
	Registered Agent and Registered Office shown on the records of	the Florida Dept. (of State:	
	7901 4TH ST N STE 300			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	2024 SHG TA	
	ST. PETERSBURG FL		———— → → → → → → → → → →	
	Registered Agents Inc		(O) TI.	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	EC. FL.	
	7901 4th St N		rn —	
	NEW Registered Office Address:	-		
	STE 300			
	St. Petersburg FL	33702		
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered ability company of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
	tature of a member or authorized representative of a member	Robin Jone	s	
			Printed or typed name of signee	
I here provis the ob to mer natifie	by accept the appointment as registered agent and agricions 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, L. of in writing of this change.		s capacity. I further agree to comply with the I my duties, and I am Jamiliar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been	
L.	David Roberts - Assistant Se	ecretary		

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Signature of Registered Agent