## L23000290828

(Requestor's Name)									
(Address)									
(Address)									
(100.000)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
, , ,									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
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Office Use Only



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## COVER LETTER

то:	Registration Section Division of Corporati	ons									
SUBJE		T: Carole Gerald Florida Investment LLC  Name of Limited Liability Company									
501571	.C										
Dear S	ir or Madam:										
The en	closed Registered Ager	nt/Registered Office Ch	ange a	nd fee(s) are submitted for filing.							
Please	return all corresponder	ace concerning this matt	er to th	ic following:							
Kylie C	Conrad & Kayla King										
	Name	e of Person									
Corp1,	Inc.										
	Firm	(Company									
7700 E	Arapahoe Rd Ste 220										
	Ad	dress	_	<del></del>							
Centen	nial, CO 80112										
	City/Stat	e and Zip Code	<u> </u>								
E	-mail address: (to be u	sed for future annual re	port no	tification)							
For fur	ther information conce	rning this matter, please	e call:								
Kylie C	Conrad	at (	720	823-9273							
	Name of Pers			Area Code & Daytime Telephone Number							
	Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassec, FL 323	ations		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 amou	int:								
	■ \$25 Filing Fee		ū	\$55 Filing Fee & Certified Copy							
INHS18	8 (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.

L. Na	ume of the limited liability company: Carole Gerald Flo	orida h	ivestr	nent LLC	<u> </u>						
2. (a)	5866 NW 25TH COURT			(b) 5866 NW 25TH COURT							
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company:  **May BE POST OFFICE BOX**  **May BE POST OFFICE BOX**  **Property of the company of the compa								
	BOCA RATON, FL 33496	<del>-</del>	BOCA RATON, FL 33496 L23000290828								
	06/15/2023										
3.	Date of filing/registration in Florida	4.		•	Document nur	mber					
5. (a)	LONG, GERALD										
<i>J.</i> (a)	Registered Agent and Registered Office shown on the records of 5866 NW 25TH COURT	the Flo	rida D	ept. of Sta	nte:						
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRI	ESS)		<del>_</del>						
						7 2 2	202				
	BOCA RATON , FL	33490	6		_	- 150 - 150	2024 APR -4				
(b)	Registered Agents Inc					(36.3°) (20.4 = (3.55)		1 (3 mm)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	addr	ess:		, '-	7				
	7901 4th St N				_	SIAS	44 :8 HV				
	NEW Registered Office Address:					22	_				
	Ste 300				_						
	St. Petersburg , FL	3370	2		_						
change agent v was/we	imited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	regist ability of the l	tered com limite	office ar pany, it i id liabili	nd the business is hereby confir ity company or a	office of the med that the	ie regis ie chan	tered ige(s)			
	RALD LONG	(	TERA	LD LON							
	ture of a member or authorized representative of a member				Printed or typed	=					
provisi the obl to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provide Ay reflect a change in the registered office address, I I I in writing of this change.	ree to a perfor d for i hereby	act in rman n Chi : conj	this cap ce of my apter 60, arm that	pacity. I further duties, and I ar 5. F.S. Or, if the the limited liab	agree to c m familiar his docume, bility comp	omply with an nt is be any has	with the id accept ing filed x been			
_	VID ROBERTS										
Signatu	re of Registered Agent										