## L23000401274

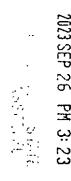
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## **COVER LETTER**

TO: Registration Section Division of Corporations	·
SUBJECT: Smirnov Investment Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Sergey Smirnov Gauss of Person Chiragy Try (28 In an + 110	
Smirnov Investment LLC Firm/Company	
17475 Collins Ave unit 603, Address	
Sunny Isles beach, Fl, 3 VCity/State and Zip Code	3160
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please ca	ıll:
Sergey Smirrov at (	+1 ) 305-332-94-86 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 amount:	
□ \$25 Filing Fee	\$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. Name of the limited liability company:	mirnor Inv	restment	LLC	
2. (a) 17475 Collins Ave unit	693 (b	17475 Co	lling Ave	Unit 803
Principal office address of limited liability		•	address of limited liab	
(Note: MUST BE STREET ADDRI	<u>:SS</u> )	( <u>Note</u>	: MAY BE POST OF	FICE BOX)
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3360	,		3160	, ,
			5.00	
August 95 2012		1 9300	0401274	
August 25, 2023  Date of filing/registration in Flor	 ida 4.		ment number	
		Too		
5. (a) United States Corpore Registered Agent and Registered Office shown on	the records of the Florida	Dept. of State:		
476 Riverside Ave				
	DA STREET ADDRESS)	<u> </u>		
<u></u>	<u> </u>	•		~
				023
Jacksonville	, FL 3.2.2	<u>्</u> र	F =	F- 1 2023 SEP
6			. :	26
(b) <u>Jergey Smir</u>		<del></del>	7	
Enter name of NEW Registered Agent and/or NE	W Registered Office add	<u>lress</u> :		PH (F)
17475 Collins Ave	unit 603		mid	φ. 2
NEW Registered Office Address:		<del></del>		ယ်
	s			
Surry Isles bear	<u> </u>			
US 3316	·^			
<u> </u>	<u> </u>			
If the limited liability company is not organized t	inder the laws of the	State of Florida, i	t is hereby confirm	ned that after the
change or changes are made, the Florida street ad agent will be identical. Or, in the case of a Florid	la limited liability cor	npany, it is hereb	y confirmed that the	he change(s)
was/were authorized by an affirmative vote of the the articles of organization or the operating agree	members of the limit	ted liability company	pany or as otherwis	se provided in
Olling	ment of the infined in			~ /
Signature of a member of authorized representative of a n	ember	Printe	ey Smirne d onlyped name of sign	100
I hereby accept the appointment as registered ag	ent and agree to act i	in this capacity.	I further agree to c	comply with the
provisions of all statutes relative to the proper an the obligations of my position as registered agent to merely reflect a change in the registered office	d complete performa 'as provided for in Ci	nce of my duties, hapter 605, F.S.	ånd I am familiar Or, if this docume	with and accept nt is being filed
to merely reflect a change in the registered office notified in writing of this change.	address, I héreby con	nfirm that the lim	ited liability comp	any has been
(Dell)				
Signature of Registered Agent				