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(Requestor's Name)					
(Address)	(Address)				
(Address)					
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
(City/State/Zip/Phone #)					
(Business Entity Name)	-				
(Document Number)	_				
Continued Contraction					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
	1				
Office Use Only					



08/21/19--01057--064 **25.00

AUG 2 9 2019 S. YOUNG

COVER LETTER

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TO:	Registration Section
	Division of Corporations

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Composite Investors, LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:		1			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for	filing.			
Please return all correspondence concerning this n	natter to the following:				
Patricia Baker					
Name of Person		I			
Composite Investors, LLC		ı			
Firm/Company					
360 East Drive					
Address	- <u></u>				
Melbourne, FL 32904		ı			
City/State and Zip Code		1			
pbaker@structuralcomposites.com					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, plo	ease call:				
Patricia Baker	321 951-9464				
Name of Person	Area Code & Daytime	Telephone Numbe			
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations				
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314	1			
Enclosed is a check for the following an	nount:				
∠ \$25 Filing Fee	\$55 Filing Fee & Certified	Copy			
NU1016 (57) ()	_	I			

* 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. Na	me of the limited liability company: Composite In	vestors, LLC	
2. (u)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	360 East Drive	360	East Drive
	Melbourne, FL 32904	Melb	ourne, FL 32904
	09/20/1999	L990(00005894
3.	Date of tiling/registration in Florida	4.	Document number
5. (a)			
5. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	(State:
	Scott M Lewit		i
	Registered Office Address (MUST BE FLORIDA STREET.	ADD <u>RESS)</u>	
	7705 Technology Drive		
	W Melbourne	32904	
(b)			
	Enter name of <u>NEW_Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	1
	NEW Registered Office Address:		·
	360 East Drive		
	Melbourne	32904	
	Melbourne, FL		
the cha agent v was/we	imited liability company is not organized under the laininge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered of ability company of the limited lize	office and the business office of the registered , it is hereby confirmed that the change(s) ability company or as otherwise provided in
	Patho Bah	Patricia B	3aker
	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept trappointment as registered agent and ag ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I d'inverting of this change	ree to act in this performance o ed for in Chapte hereby confirm	capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
Signatu	re of Registered Agent		

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

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