19900000 6184

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

Office Use Only



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09/24/18--01042--011 **25.00

Figure 10 Des

9/26/8/05

COVER LETTER

ŢO:	Registration Section Division of Corporations			
SUBJ	7300 Investments LLC			
		e of Limited Lial	bility Company	
Dear S	ir or Madam:			
The er	closed Registered Agent/Registered Offi	ce Change and fe	ee(s) are submitted for filing.	
Please	return all correspondence concerning thi	s matter to the fo	ollowing:	
L. Ric	chard Mattaway			
	Name of Person		_	
	Firm/Company		_	۲ <u>۰</u> ۳
C40C	•			.1.
6485 ——	SW 84th St.		_	اں۔
	Address			۲.7
Miam	ii, FL 33143			-
	City/State and Zip Code		-	•
rick@	?mattaway.com			
E	-mail address: (to be used for future annu	ual report notific	ation)	
For fu	ther information concerning this matter.	please call:		
L. Ric	chard Mattaway	305 at (216-2855	
	Name of Person		Area Code & Daytime Telephone Nur	nber
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi: Divis P.O.	Stration Section sion of Corporations Box 6327 shassee, Florida 32314	
	Enclosed is a check for the following	amount:		
	■ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy	

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.

. Na	me of the limited liability company:	tments L	_C	
. (a)	6485 SW 84th St.	(1	7301 S\	W 57th Court, Box 1
. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Miami, FL 33143	(;	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) mi, FL 33143
	9/29/1999			06184
-	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Old Registered Office			- e: :
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7301 SW 57th Court			- -
	Miami	33143 FL		- . ;
(b)	Enter name of NEW Registered Agent and/or NEW Register New Registered Office	ed Office ad	dress:	-
	NEW Registered Office Address: 6485 SW 84th Street			
	Miami, I	33143 FL		
ne cha gent was/we re arti- Signat Si	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized of an affirmative vote of the members cless of organization or the operating agreement of the united agreement of the member of a member or authorized representative of a member of a member of all statutes relative to the proper and completing agreement as providing to the proper and completing of the control of this change in the registered office address. If in writing of this change.	of the reginal liability consists of the limited L. I limited	stered office ompany, it is lited liability liability con Richard M in this cape ance of my Chapter 605	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in appany. attaway, Pres. of Manager Printed or typed name of signee activ. I further agree to comply with the duties, and I am familiar with and acception, F.S. Or, if this document is being filed

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

Signature of Registered Agent