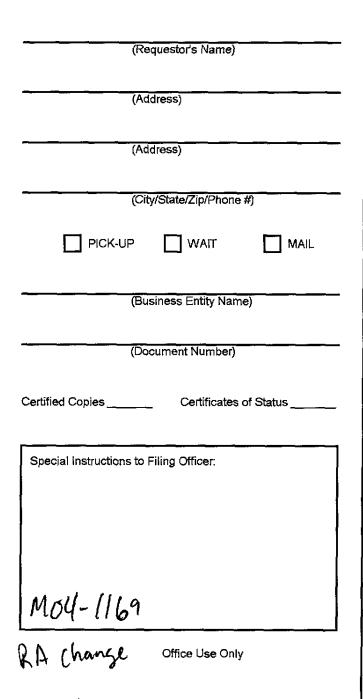
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DATE:

04/04/200

TO:

**Division of Corporations** 

FROM:

Maria Grillo - A1A Corporate Services Inc.

Reference: Registered Agent Change for 8 TO 3 INVESTMENTS, LLC

Enclosed is the Statement of Change of Registered Office and Registered Agent for 8 TO 3 INVESTMENTS, LLC and a check for \$25.00

Please return the completed documents to:

A1A CORPORATE SERVICES INC. 6538 COLLINS AVE. SUITE # 451 MIAMI BEACH FL 33141

If you have any questions contact Maria at 1-800-494-3124 Fax 305-675-2811

Thanks,
MARIA GRILLO
A1A CORPORATE SERVICES INC.
1 877 527 3463 FAX 1 305 675 2811
6538 COLLINS AVE. SUITE # 451
MIAMI BEACH FL 33141

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limite	d liability company i	is: 8 TO 3 IN	IVESTMENTS, L	TC
2. The mailing address of				
HINCKLEY OH 44233				
03/15/20		M04000001169		
3. Date of filing/registration in Florida			4. Document number	
5. The name of the registe Florida Department of S	State: FLORIDA INCORPO  122 WEST HILLO	DRATING AND F Name CREST STRE Address	REGISTERED AGEN	
6. The name and address of	·	y, State and Zi agent and/or o	p ffice:	
92 SADBERRY RD.  Florida street address (P.O. Box )				
	QUINCY City,	FL 32351 State and Zip		
If the limited liability common confirmed that after the chand the business office of liability company, it is here the members of the limited the operating agreement of Signature of a member of authoriz WAYNE STROMSKY (Printed or typed name of signee)	ange or changes are the registered agent velocities that the liability company of the limited liability and representative of a mem	made, the Flor will be identica he change(s) we or as otherwise company.	ida street address on the case of as/were authorized provided in the arti	of the registered office of a Florida limited by an affirmative vote of icles of organization or
I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to family a law (Signature of Registered Agent)	ntment as registered to fall statutes relative accept the obligation is document is being that the limited liabile of the liab	agent and agre ive to the prope ons of my positi g filed to merel lity company hi	ee to act in this cap or and complete per ion as registered as y reflect a change i as been notified in	acity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

MHS18(10/99) FILING FEE: \$25.00