## 1154646135

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	)
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



. 400292859274

12/19/16--01019--004 \*\*25.00

SECRETARY OF STATE

D. BRUCE DEC 20 2016

## **COVER LETTER**

INHS18 (2/14)

TO: Registration Division of	Section Corporations				
SUBJECT: INVE	STINEER PUBLISHING,		Th. G		
	Name o	of Limited Liab	oility Company		
Dear Sir or Madam:					
The enclosed Regist	ered Agent/Registered Office	Change and fe	e(s) are submitted for filing.		
Please return all cor	respondence concerning this r	matter to the fol	llowing:		
Donna Bertucci			_		
	Name of Person				
Corporate Direct	t, Inc		_		
	Firm/Company				
2248 Meridian B	lvd. Suite H		-	2816 DEC 19 SECRETARY ALLAHASSE	
•	Address			C I'	ſ
Minden, NV 894				Y OF STATE	
•	City/State and Zip Code			SE T	•
info@corporated	direct.com			Omi J	
E-mail addres	s: (to be used for future annua	l report notific	ation)		
For further informa	tion concerning this matter, pl	ease call:			
Donna Bertucci		775	782-2201		
Na	me of Person	at (	Area Code & Daytime Teleph	one Number	
Registration Division of Clifton Bui 2661 Execu	Corporations	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314		
Enclosed is	s a check for the following a	mount:			
☑ \$25 Filin	ng Fee	<b>□</b> \$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.

1.	Na	ame of the limited liability company: INVESTINEE	RPU	BLISHING,	, LLC			
2.		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY B.			
		60 EAST SIMPSON AVE, BOX 2869		60 EAS	T SIMPSON	AVE, B	OX 2	2869
		JACKSON, WY 83001	_	JACKS	ON, WY 830	01		
		02/05/2015		M150000	001135			
3.		Date of filing/registration in Florida	4.		Document nu	mber		
5.	(a)							
	()	Registered Agent and Registered Office shown on the records of the Gerri Detweiler	he Florio	da Dept. of Stat	<del>-</del> e:			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	(S)	<del>-</del>			
1037 Greystone Lane						<u></u>		
		Sarasota, FL_	34232	2	-	SECRI	2016 DEC	71
	(1.)					CRE JARY LAHASSEI	EC	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	_	RY OF STATE See, Florid,	ا م ت	
		REGISTERED AGENTS INC.				55	<del></del>	D
		NEW Registered Office Address:			<del>-</del>	<u> </u>	<u>۔۔</u>	
		3030 N. Rocky Point Drive, STE 150A	······		_		_	
		Tampa, FL_	3360	7				
the ag wa the I in protection	e cha ent v is/we arti Signal herei ovisi e obl mere	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law ture of a member or authorized representative of a member ons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	the regability of the limited	cistered office company, it is mited liability liability cor	e and the busing shereby confined to company or an analysis of the printed or typed practive. I further	ness office rmed that as otherw	e of the classes progressing green	e registered nange(s) ovided in
-67	D	Bill Havre/Assistant Secre	etary					
91	gnātu	re of Registeled Agent						

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