## M15000007875

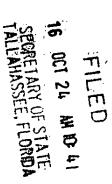
(Re	questor's Name)	·
(Add	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies		
Special Instructions to I	Filing Officer:	
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D. SCOTT OCT 27 2016

## **COVER LETTER**

Ñ

TO: Registration Section

Divi	sion of Corporations			
SUBJECT:	Sweet Street Investments,	LLC		
	Na	me of Limited Lia	bility Company	
Dear Sir or N	Madam:			
The enclosed	d Registered Agent/Registered Of	ffice Change and f	ee(s) are submitted for filin	g.
Please return	all correspondence concerning t	his matter to the fo	ollowing:	
Todd Plas	kon		- <del></del> -	
	Name of Person		_	
Sweet Stre	eet Investments, LLC			
	Firm/Company		_	
16245 Pal	loma Ct			
	Address		-	
Punta Gor	rda, FL			تفسر د
	City/State and Zip Code		<del></del>	
info@swe	etstreetinvestments.com			OCT 24 N RETARY OF AHASSEE,
E-mail	address: (to be used for future ar	inual report notific	eation)	P4 RY O SSEE
For further in	nformation concerning this matte	r, please call:		F ST
Todd Plas	kon	508	498.6168	<b>3</b> 三
	Name of Person	at (	Area Code & Daytime Tel-	ephone Number
Regi Divi Clift 2661	istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314	
Enci	losed is a check for the followin	g amount:		
<b>4</b> \$2	25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Cop	ру
INHS18 (2/14	1)			

## 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.

	ame of the limited liability company: Sweet Street	Invest	stments, LLC
2. (a)	16245 Paloma Ct	(	(b) 16245 Paloma Ct
·· ( <del>-</del> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Punta Gorda, FL 33955		Punta Gorda, FL 33955
	10.1.2015		M15000007875
i <b>,</b>	Date of filing/registration in Florida	 4.	Document number
i. (a)	BUSINESS FILINGS INCORPORATED		
( )	Registered Agent and Registered Office shown on the records of	the Florid	rida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 1200 SOUTH PINE ISLAND ROAD	ADDRES	ESS)
	1200 SOUTH PINE ISLAND ROAD	33324	
(b)	1200 SOUTH PINE ISLAND ROAD		
(b)	1200 SOUTH PINE ISLAND ROAD  Plantation , FI	33324	address:
(b)	1200 SOUTH PINE ISLAND ROAD  Plantation , FI  Todd Plaskon	33324	address:
(b)	1200 SOUTH PINE ISLAND ROAD  Plantation , FI  Todd Plaskon  Enter name of NEW Registered Agent and/or NEW Registered	33324	24

the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

## Todd Plaskon

Todd Plaskon

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Todd Plaskon

Signature of Registered Agent