M17000002861

	questor's Name)	
(Ne	questor's rearrie)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
,	·	ŕ
(D ₀	cument Number)	
(50	our rumber,	
	0-4764-	
Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	

Office Use Only



400316609014

06/07/18--01013--009 ★**+**25.00

SECRETARIO STATES TALLAHASSEE, FLORIDO STATES TO STATES

TO:

PHYSICAL: Dept. of State Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

National Corporate Headquarters, Inc.

5605 Riggins Court Suite 200

Reno NV 89502 .(800) 638-2320 (775) 329-0852

DATE:

Wednesday, June 06, 2018

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Change of Registered Agent

For 4C INVESTMENTS, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Change of Registered Agent

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

Please return the file stamped copy of the Articles to the address below:

Renewal Department 5605 Riggins Court Suite 200 Reno NV 89502 ATTN: Ashley Maciel

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 4C INVESTMENTS, LLC	· · · · · · · · · · · · · · · · · · ·		
Name	of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Achley Mixiel			
Name of Person			
Nevada Corporate Headquarters Ir	nc.		
Firm/Company			
5605 Riggins Court, Ste. 200		<u> </u>	;
Address			, F
Reno, NV 89502		組織し	\Box
City/State and Zip Code			
Amaciela incauthor, ty. Co E-mail address: (to be used for future annua	Y		· - - ,
For further information concerning this matter, pl			
	at f		
Name of Person	Area Code & Daytime Telephone Nun	— nber	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following an	nount:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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

2. (a) 1834 SW 17 STREET		(b) 1834 SW 17 STREET		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address	of limited liability company:
BOCA RATON, FL 33486	(<u>Note: MAY BE POST OFFICE BOX)</u> BOCA RATON, FL 33486			
		 .	SOCA RATON, FL	
	04/03/17	_	4700000	
	Date of filing/registration in Florida		17000002861	
(a)	BUSINESS FILINGS INCORPORATED	4.	Document nu	mber
	Registered Agent and Registered Office shown on the records of the	ne Florido O.,		
	1200 SOUTH PINE ISLAND ROAD	ic i kirida iye	pr. or state;	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRECC		
		<u> </u>		
	PLANTATION			
	, FL_	33324	 _	
b)	Registered Agents Inc.			A CO
E	nter name of NEW Registered Agent and/or NEW Registered O	· · · · · · · ·		A DIST
		<u>mce address</u>		
_	3030 N. Rocky Point Dr.			
	EW Registered Office Address:			문설 목 다
_	STE 150A			SE 5:
_				> ™ −
_	Tampa 3:	3607		
limi	ted liability company is			
ange	ted liability company is not organized under the laws or changes are made, the Florida street address of the	of the State	of Florida, it is hereby	confirmed that after
vere .	authorized by an affirm of a Florida limited liabil	ity compar	V it is hereby out the	office of the registere
ticle:	authorized by an affirmative vote of the members of the operating agreement of the lim	ic limited li	ability company or as o	otherwise provided in
		ice naomi	y company. RENZO CRIPPA	,
ature (of a member of a member			
2by a Tons	ecept the appointment as registered agent and agree to of all statutes relative to the proper and complete per- tions of my position as registered agent as provided 6	o act in thi	Printed or typed nan	
lion	of all statutes relative to the proper and complete per ions of my position as registered agent as provided for effect a change in the registered agent as provided for effect a change in the registered office address. I here will be a provided for this change.	ormance o	f my duties, and I am fo	ree to comply with the miliar with and are so
י לני	2711.3.14			

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