M180000262

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer							
6.000 pg F86.1 c. 174							

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COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	JEFFREY E. SMITH INVESTMENT CO.	L.C. LLC					
	Name of Limited Liability Company						
Dear Sir	or Madam:						
The enclo	osed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.					
Please re	turn all correspondence concerning this matte	r to the following:					
C/O Corp	poration Service Company						
	Name of Person						
Corporat	ion Service Company						
	Firm/Company						
1201 Ha	ys Street						
	Address	· 					
Tallahas	see						
	City/State and Zip Code						
32301							
E-m	nail address: (to be used for future annual repo	ort notification)					
For further	er information concerning this matter, please	call:					
	at ()					
	Name of Person	Area Code & Daytime Telephone Number					
R D P	Mailing Address: Registration Section Division of Corporations 2.O. Box 6327 Callahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
E	inclosed is a check for the following amoun	t:					
	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHS18 (2	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 Florida.

. Na	ame of the limited liability company:	FREY E. SM	IITH INVE	ESTMENT	CO., L.C. LLC	
. (a)	206 Peach Way Columbia, MO 65203		(b)	206 Pea	ch Way Columbia,	MO 65203
- (-)	Principal office address of limited liability (Note: MUST BE STREET ADDR				-	nited liability company: OST OFFICE BOX)
	3/09/2018 Date of filing/registration in Flor	rida	 4.	м1800000	02624 Document number	21
						-
(a)	Registered Agent and Registered Office shown on	the records of t	he Florida	Dept. of Stat	 te:	
	C T CORPORATION SYSTEM			•		
	Registered Office Address (MUST BE FLORI	IDA STREET A	(DDRESS)		_	
	1200 SOUTH PINE ISLAND ROAD					- :
	PLANTATION	, FL	33324		-	
(b)						:: ::: : : :
(b)	Enter name of NEW Registered Agent and/or NE	W Registered	Office add	ress:	_	1.11
	Corporation Service Company					
	NEW Registered Office Address:				_	
	1201 Hays Street				_	
	Tallahassee	. FL	32301			
nange gent was/we e artig	imited liability company is not organized to or changes are made, the Florida street advill be identical. Or, in the case of a Florida re authorized by an affirmative vote of the cles of organization or the operating agree	Idress of the rada limited lial emembers of the l	registered bility con f the limit imited lia	l office and apany, it is sed liability	d the business offi s hereby confirmed y company or as o npany.	ce of the registered d that the change(s) therwise provided in
oviși e obli mere	by accept the appointment as registered as cons of all statules relative to the proper are igations of my position as registered agently reflect a change in the registered office I in writing of this change.	nd complete p t as provided	performar I för in Cl	ice of my o apter 605	duties, and I am fa 5. F.S. Or. if this a	miliar with and accept locument is being filed

Signature of Registered Agent