## MIS000005762

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## COVER LETTER

Registration Section Division of Corporations

TO:

NHS18 (2/14)

SUBJECT:	STALLWOR	יאו אדא	VEST	MENT GROUP, LLC				
GODGECT.	Name of Limited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/R	egistered Offic	e Char	ige ai	nd fce(s) are submitted for filing.				
Please return all correspondence	concerning this	maller	to th	ne following:				
ANTURUAN L. STALLWO	RTH - CHAIRN	AAN/ C	EO					
Name of	Person	• • • •						
STALLWORTH INVES	EMENT GROU	P, LLC						
Firm/Co	npany			-				
2980 NE 2071H STR	EET, SUITE 300	Ú						
Addres	s							
AVENTURA, I	L 33180							
City/State ar	d Zip Code							
A.STALLWORTH@STALLWORT	HINVESTMEN	TGRO	JP.CC	ОМ				
E-mail address: (to be used	for future annu	al repo	rt no	tification)				
For further information concerning	ig this matter, p	olease c	all:					
ANTURUAN L STALLWORTH		at (	305	356-7061				
Name of Person		_ u. \_	_	Area Code & Daytime Telephone Number				
Mailing Address:				Street Address:				
Registration Section				Registration Section				
Division of Corporation	ns			Division of Corporations				
P.O. Box 6327				The Centre of Tallahassee				
Tallahassee, FL 32314				2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for	the following a	ımoun	t:					
■ \$25 Filing Fee				\$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.

Na	me of the limited liability company: STALLWORTI	LINVE:	SТМ	ENT GROU	P. LLC	
(a)	20708 BISCAYNE BLVD			20708 BISC	'AYNE BLVD	
` '	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	(- )	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	STE. 100			STE, 100		
	AVENTURA, FL 33180			AVENTUR.	A, FL 33180	
	06/18/2018		N	41800000576	62	
	Date of filing/registration in Florida	4.	_		Occument number	
(a)	ANTURUAN STALLWORTH					
(a)		Registered Agent and Registered Office shown on the records of the Florida Dept. of State				
	20807 BISCAYNE BLVD				* 3	
	Registered Office Address					
	AVENTURA, I	FL_33180	)		<del>1</del>	
( <b>L</b> .)	N/A				<u>:</u>	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				<u> </u>	
	2980 NE 207TH STREET				(S)	
	NEW Registered Office Address:					
	SUITE 300					
	AVENTURA	ار 33180 ال	)			
inge ent v s/w/	imited liability company is not organized under the hor changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited at authorized by an affirmative vote of the members cles of organization or the operating agreement of the street of t	aws of ne regis liability s of the ne limite	terec con limited lic	l office and npany, it is led liability ubility comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
igna	ture of a member or authorized representative of a member	_			Printed or typed name of signee	
ovisi obl mez ijiya	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid by reflect a change in the registered office address, if in whiting of this change.	e perfo	rmai	ice of my du	ities, and I am Jamiliar with and accep	