

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

M200005101

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 MAY -4 AM 10:24

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE  
CITY VIEW INVESTMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

MAY -5 2021

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CITY VIEW INVESTMENT, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RILEY PARK

Name of Person

CITY VIEW INVESTMENT, LLC

Firm/Company

7901 4th St. N, Ste 300

Address

St. Petersburg, FL 33702

City/State and Zip Code

eastern@registeredagentsinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Riley Park

Name of Person

at ( 307 ) 200-2803

Area Code & Daytime Telephone Number

**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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

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**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. Name of the limited liability company: CITY VIEW INVESTMENT, LLC

2. (a) <u>8639 MARSHALL ST</u> Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u> ) <u>ROSEMEAD, CA 91770</u> <hr/> <u>06/02/2020</u>	(b) <u>8639 MARSHALL ST</u> Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u> ) <u>ROSEMEAD, CA 91770</u> <hr/> <u>M20000005101</u>
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3. <u>04/05/2018</u> Date of filing/registration in Florida	4. _____ Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

LEGALINC CORPORATE SERVICES INC.  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
5237 SUMMERLIN COMMONS BLVD STE 400  
FORT MYERS, FL 33907

(b) REGISTERED AGENTS INC.  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
7901 4th St N  
NEW Registered Office Address:  
STE 300  
St. Petersburg, FL 33702

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 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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.

<u>Riley Park</u> Signature of a member or authorized representative of a member	<u>Riley Park / Authorized Representative</u> Printed or typed name of signee
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*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.*

Bill Havre      Bill Havre      - Secretary  
 Signature of Registered Agent