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Division of Corporations

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From:

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Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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

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LLC REGISTERED AGENT CHANGE **INVESTHER LLC**

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M. SOLOMON

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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.

lame of the limited liability company: Inves	(b)	M. W. Jahren & Bestrad	Lhability company	
Principal office address of limited liability compa (<u>Note: MUST BE STREET ADDRESS</u>)	nny:	Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)		
07/19/2021	M2	1000009168		
Date of filing/registration in Florida	4.	Document number		
CORPORATION SERVICE COM	IPANY			
Registered Agent and Registered Office shown on the rec		of State:		
1201 HAYS STREET				
Registered Office Address (MUST BE FLORIDA ST	TREET ADDRESS)		2028 - 26	
TALLAHASSEE	, FL 32301-25	 25	2022 HAY 3 I	
TALLAHASSEL	, M. <u>02001 20</u>		i	
Registered Agents Inc.				
Enter name of NEW Registered Agent and/or NEW Re	egistered Office address:		3. 5.	
7004 445 Ct N			7. 7.	
7901 4th St N				
NEW Registered Office Address:				
STE 300				
St. Petersburg	. FL 33702			
e limited liability company is not organized under hange or changes are made, the Florida street add t will be identical. Or, in the case of a Florida lir were authorized by an affirmative vote of the men rticles of organization or the operating agreemen	mited liability compa mbers of the limited it of the limited liabil	ny, it is hereby confirmed liability company or as oth ity company.	that the change(s)	
nature of a member or authorized representative of a member	Riley F	Printed or typed name	of signee	
nature of a member or authorized representative of a member	er	rimed of typed mane his capacity. I further agre of my duties, and I am fan		

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent

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