## P150000 63448

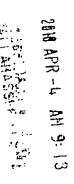
(Requestor's Name)
,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
definited dopies
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



700327218997

ฏ4/ฏ4/13--01016--014 \*∙35.00



APR 13 2019 C MCNAHR

## **COVER LETTER**

TO: Amendment Section Division of Corporations	· · · ·
SUBJECT: BUTLEY NVETTMENTS IN	On The state of th
DOCUMENT NUMBER: P15000063448	
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence concerning this matter to the f	following:
Chad B. Butler Name of Contact Per  Butler Investments	inc
Firm/Company	<u> </u>
3524 Turenne Way	
Wellington, Fl. 33449 City/State and Zip Co	ode
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter, please call:	
Chad Butley Name of Contact Person at (A	rea Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of	State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation orga in order to change its registered office or regis	nized under the laws of the State of Floyida
1. The name of the corporation: Butley Investigation	estments inc.
2. The principal office address: 3524 TUNI	enne Way Fl. 33449
3. The mailing address (if different): 3524 Tu Wellingtor	venne Way 1, Fl. 33449
4. Date of incorporation/qualification: $\frac{7}{27}$ /15	Document number: P1500063448
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign	•
Chad B. Butler	
10546 Versailles	Blud.
Wellington, Fl. 334	14 <i>0</i> ]
6. The name and street address of the new registered ag (if changed):  Chad B. Butley	ent (if changed) and /or registered office
.3524 Turenne Wa	Y = = = = = = = = = = = = = = = = = = =
Wellington, Fl. 334	Tucceptable (40)
The street address of its registered office and the stree as changed will be identical.	t address of the business office of its registered agent,
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been n	ed by its board of directors or by an officer so otified in writing of the change.
Signature of an officer or director	Printed or typed name and title
I hereby accept the appointment as registered agent at I further agree to comply with the provisions of all staperformance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to rephereby confirm that the corporation has been notified	nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as registered
lusell	April 1 2019 Date
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Printed Name	

\* \* \* FILING FEE: \$35.00 \* \* \*