P180000 45574

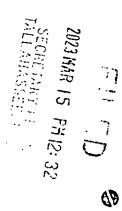
(Requestor's Name)	
(Address)	
(Address)	
(Ĉity/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE	
MAY 3 0 2023	

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Name of Corporation	SUNBELT CAPITAL INVESTMENTS, INC.
DOCUMENT NU	4BER: P18000045574
The enclosed States	nent of Change of Registered Office/Agent and fee are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
ROBERT B. SINGLI	
Name of Contact Po	rson
	INVESTMENTS, INC.
Firm/Company	
9262 SW 29TH AVE	NUE
Address	
GAINESVILLE, FL	32608
City/State and Zip (ode
	Gator@vivocr23.com
E-mail address: (to	be used for future annual report notification)
For further information	ion concerning this matter, please call:
ROBERT B. SINGL	eton at (352)575 - 3752
Nam	e of Contact Person Area Code & Daytime Telephone Nun
Enclosed is a \$35.0	check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	inge is submitted f	for a corp	poration organized	97.1508, or 617.1508, F1 under the laws of the Stc agent, or both, in the Stc	ne of _	FLORIDA		_
	-	.*	.,	/ESTMENTS, INC.	iie ty r	norraci.		
	office address:	0242.6		GAINESVILLE, FL 32	2608			<u> </u>
3. The mailing a	nddress (if differen	nt):	9262 SW 29TH A	VENUE, GAINESVILLI	E, FL :	32608		
4. Date of incorporation/qualification: 05/17/2018 Document number: P1							74	 -
	d street address of rtment of State: (If			and registered office on	file wit	th the		
	ANDERSON RE	GISTERI	ED AGENTS, INC.					
	625 E.TWIGGS S	STREET,	SUITE 110				21	
	TAMPA, FL 336	02				LL A	023 MJ	
6. The name and (if changed):	d street address of			changed) and /or registe		ICC TARY	48 15 P	
	ROBERT B. SIN	GLETON	· · · · · · · · · · · · · · · · · · ·				PM 12:	Ü
	9262 SW 29TH .	AVENUE	3				<u>:</u>	
	2 A D. W. C. W. L. V.	121 327	P.O. Box NO	l'acceptable		•		B
	GAINESVILLE,	FL 3260						
The street address changed will	ess of its registere be identical.	ed office	and the street addi	ress of the business offic	e of its	s register	red age	ent.
Such change wa authorized by th	as authorized by r he board, or the co	resolutio orporatio	n duly adopted by on has been notifie	its board of directors or d in writing of the chang	by an	officer so	כ	
Robert Signatu	ire of an officer or direct	tor , F	instruct_	ROBERT B. SINGELT Printed or typed nar			NT_	_
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment to comply with th ad I am familiar w ing filed merely to s been notified in	as regist e provisi with and o reflect o writing o	tered agent and age fons of all statutes accept the obligati a change in the req of this change.	ree to act in this capaci relative to the proper a on of my position as reg gistered office address.	ty. id com jistered l hereb	plete pet l'agent. ly confirm	rforme Or, if n thát	ance this the
Robert	3. Singer	á		FEBRUARY 2	7, 2023			
Sig	mature of Registered Ag	gent		Date				_
If signing on be	chalf of an entity:							
ROBERT B. SIN			·					
1	yped or Printed Name							

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

Make checks payable to Florida Department of State