Name and Address of Current Registered Agent:						
CARLSON, AMAN 6901 SALAMANC JACKSONVILLE,	A AVE					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE:	AMANDA CARLSON			01/10/2017		
	Electronic Signature of Registered Agent			Date		
Authorized Pe	erson(s) Detail :					
Title /	AMBR	Title	AMBR			

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2017	FLORIDA LIMITED	/IVIPANT ANNUAL	. REPURI

DOCUMENT# L15000205503

Entity Name: ALTRUISTIC INVESTMENTS, LLC.

Current Principal Place of Business:

6901 SALAMANCA AVE JACKSONVILLE, FL 32217

Current Mailing Address:

6901 SALAMANCA AVE JACKSONVILLE. FL 32217 US

FEI Number: 81-0775599

Nam

Authorized Person(s) Detail :						
Title	AMBR	Title	AMBR			
Name	CARLSON, AMANDA M	Name	NIHALANI, NIKHIL D			
Address	6901 SALAMANCA AVE	Address	6901 SALAMANCA AVE			
City-State-Zip:	JACKSONVILLE FL 32217	City-State-Zip:	JACKOSNVILLE FL 32217			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NIKHIL D NIHALANI

01/10/2017 MANAGING MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 10, 2017 **Secretary of State** CC5703424480

Certificate of Status Desired: No