L04000045232

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
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TECRETARY OF STATE ASECRETARY OF STATE

AUG 1 9 2015 T. **HAMPTON**

COVER LETTER

TO:	Registration Section ' Division of Corporations						
SUBJE	West 29th Street Land Investments, LLC						
	Name of Limited Liability Company						
Dear Si	ir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please	Please return all correspondence concerning this matter to the following:						
Garcia	a-Pedrosa, Jose						
	Name of Person		-				
West	29th Street Land Investments, LL	С	_				
	Firm/Company						
2937	SW 27th Avenue, Suite 203	<u>.</u>	_				
	Address						
Coco	nut Grove, Florida 33133						
	City/State and Zip Code		-				
	s.bared@farmstores.com		_				
Е	-mail address: (to be used for future ann	ual report notification	ation)				
For further information concerning this matter, please call:							
Maria	Gutierrez	at (264-5205				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Regi Divis	LING ADDRESS: stration Section sion of Corporations Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	Talla	hassee, Florida 32314				
	Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	\$55	Filing Fee & Certified Copy				

INHS18 (2/14)



RECEIVED

15 AUG 19 PM 3: 31
ESTATE

FLORIDA DEPARTMENT OF STATE

Division of Corporations LAWASSEE, FLORIDA

August 7, 2015

JOSE GARCIA PEDROSA 2937 SW 27TH AVE STE 203 COCONUT GROVE, FL 33133

SUBJECT: WEST 29TH STREET LAND INVESTMENTS, LLC

Ref. Number: L04000045237

We have received your document for WEST 29TH STREET LAND INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 715A00016713

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. Na	me of the limited liability company: West 29th Stre	et La	nd Investm	ents, LLC
2. (a)))	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2937 SW 27th Avenue, Suite 203		2937 SW	27th Avenue, Suite 203
	Coconut Grove, Florida 33133	_	Coconut	Grove, Florida 33133
	06/14/2004		L0400004	5237
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Garcia-Pedrosa, Jose			
J. (u)	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES:	<u></u> <u>S)</u>	
	18001 Old Cutler Road, Suite 370			
	Palmetto Bay, , FL	33157	,	AUG 19
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ac	ldress:	19 PH 4: 00 TARY OF STATE ASSFEL FLORIDA
	NEW Registered Office Address:			
	2937 SW 27th Avenue, Suite 203			
	Coconut Grove,, FL_	33133	3	
signa I here provis the obto mer	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the little of a member of a proper and complete by accept the appointment as registered agent and agreein of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change of this change.	the reg bility of the lir limited	company, it is nited liability liability com	hereby confirmed that the change(s) company or as otherwise provided in apany. Printed or typed name of signee

Signature of Registered Agent