## LD8000030705

(Requestor's Name)					
•	(Address)				
(	(Address)				
	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
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Office Use Only



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08/20/09--01010--023 \*\*50.00



M. THOMAS

AUG 2 1 2009

**EXAMINER** 

## COVER LETTER

TO: Registration S Division of C			•		•		
SUBJECT:	TECT: Cortina & Fuentes Investments LLC  Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registe	ered Agent/Registered	d Office	Change	and fee(s)	are submitted	l for filing	ţ.
Please return all corr	espondence concerni	ng this m	atter to	the follow	ving:		
G	illian Breakspeare Name of Person		····				
Lord Bre	akspeare Callaghar Firm/Company	n LLC		_			
1091	3 NW 30 Street, #10 Address	00		_		TALLAH	- 2009 AL
	RAL FL 33172-5029 ity/State and Zip Code	9		····		TARY OF USSEE, FI	2009 AUG 20 AM 10: 31
gcorti E-mail address: (to be	na@postensa.com. c used for future annual repo	MX rt notification	on)	<b></b>		STATE	H 10: 31
For further informati	on concerning this ma	atter, ple	ase call:				
<del></del>	reakspeare	at (_	305	)	274-58	<del></del>	<del></del>
STREET/CO Registration So Division of Co Clifton Buildir	rporations ng e Center Circle	Area Code & Daytime Telephone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:							
\$25 Filing	Fee		\$5	5 Filing F	ee & Certified	Сору	

INHS18 (5/08)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company:CORTINA	& FUENTES INVESTMENTS, LLC				
2. (a) Principal office address of limited liability compan	y:				
(Note: MUST BE STREET ADDRESS)	328 CRANDON BOULEVARD, SUITE 226 KEY BISCAYNE FL 33149				
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)	328 CRANDON BOULEVARD, SUITE 226 KEY BISCAYNE FL 33149				
MARCH 26, 2008	L08000030705				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on	•				
Registered Agent:	LIZABETH F. CALVO, P.A.				
Registered Office Address:	328 CRANDON BOULEVARD, SUITE 226				
	KEY BISCAYNE FL 33149				
(b) Enter name of NEW Registered Agent and/or NE  NEW Registered Agent:  NEW Registered Office Address: 11. (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address:  GILLIAN LORD BREAKSPEARE, C.P.A.  10913 NW 30TH ST.				
EMOST DE PEORIDA STREET ADDRESS	DORAL ,FL 33172-5029				
If the limited liability company is not organized under the laws of the State of Florida, it is hope to confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmed the office of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member					
ALEJANDRO CORTINA CORDERO	D PATE OF S				
Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the prand I am familiar with and accept the obligations of my portugate to 8, F.S. for, if this document is being filed to me address thereby fonfirm that the limited liability company.  Signature of Registered Agent	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rety reflect a change in the registered office y has been notified in writing of this change.				

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

INHS18 (05/08)