

L08000030705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

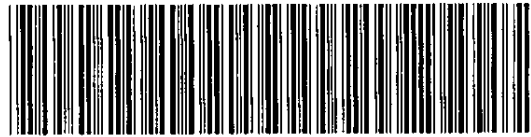
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2010 JAN 27 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Playa Investments LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gillian Breakspeare
Name of Person

Lord Breakspeare Callaghan LLC
Firm/Company

10913 NW 30 Street, #100
Address

DORAL FL 33172-5029
City/State and Zip Code

gcortina@postensa.com.mx
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gillian Breakspeare at (305) 274-5811
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

\$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2009

GILLIAN BREAKSPEARE
10913 NW 30 STREET, #100
DORAL, FL 33172-5029

SUBJECT: CORTINA & FUENTES INVESTMENTS, LLC
Ref. Number: L08000030705

2010 JAN 27 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

We have received your document for CORTINA & FUENTES INVESTMENT LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100 reinstatement fee; and \$50 filing fee per year. Please include an additional \$5 for each certified of status requested.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 909A00028526

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: PLAYA INVESTMENTS, LLC

2. (a) Principal office address of limited liability company: _____

(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

3. Date of filing/registration in Florida

L08000030705

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

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 **NEW Registered Office address**:

NEW Registered Agent: GILLIAN LORD BREAKSPEARE, C.P.A.
NEW Registered Office Address: 10913 NW 30TH ST.
(MUST BE FLORIDA STREET ADDRESS) DORAL, FL 33172-5029

If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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 affirmative vote 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
JOSE PABLO CORTINA CORDERO
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Gillian Lord Breakspeare
Signature of Registered Agent

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

FILED
2010 JAN 27 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA