

L080000 30705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

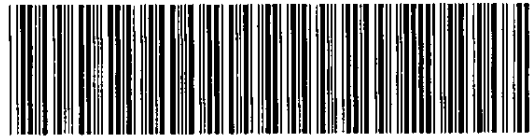
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2010 JAN 27 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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  
**FILED**



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.*

Signature of Registered Agent

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA