

3/1/2017

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L120001635

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
 17 MAR -2 AM 10:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

RECEIVED
 2017 MAR -2 AM 9:10
 TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
 FIDES INVESTMENTS GROUP, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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D. SCOTT
 MAR 3 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fides Investments Group, 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:

Orlando Llanes

Name of Person

Fides Investments Group, I.L.C.

Firm/Company

5800 NW 74th Ave

Address

MIAMI, FL 33166

City/State and Zip Code

apineda@simplexgroup.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Orlando Llanes

at (850) 942-7323

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

INHS18 (2/14)

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TALLAHASSEE, FLORIDA

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. Name of the limited liability company: Fides Investments Group, L.L.C.

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
5800 NW 74TH AVE
MIAMI, FL 33166

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
5800 NW 74TH AVE
MIAMI, FL 33166

3. 08/21/2012 Date of filing/registration in Florida
4. L12000107635 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
RIGOBERTO DIAZ
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5800 NW 74TH AVE
MIAMI, FL 33166

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
C T Corporation System
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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TALLAHASSEE, FLORIDA

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]
Signature of a member or authorized representative of a member

Orlando Uames
Printed or typed name of signer

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 605, 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.

By: Kimberly Steinmetz C T Corporation System Vice President and Assistant Secretary
Signature of Registered Agent

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