15000 173 391

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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. COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	MY INVESTMENTS 1800, L	LC					
		e of Limited	Liability Company				
Dear S	ir or Madam:						
The en	closed Registered Agem/Registered Offi	ce Change a	nd fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to th	ne following:				
DANI	EL BENSIMON						
	Name of Person						
DOR	OT & BENSIMON, PL						
	Firm/Company						
20295	5 29TH PLACE, SUITE 201						
	Address						
AVEN	ITURA, FLORIDA 33180						
	City/State and Zip Code						
CORF	PORATE@DORBENCO.COM						
E	-mail address: (to be used for future anni	ual report no	tification)				
For fur	ther information concerning this matter,	please call:					
DANII	EL BENSIMON	561	218-4947				
******	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	1 1 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314				
	Enclosed is a check for the following amount:						
	2 \$25 Fifing Fee		\$55 Filing Fee & Certified Copy				

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.

L. N	ame of the limited liability company: MY INVEST	MENTS 180	00, LLC				
2. (a)	15801 BISCAYNE BLVD	(b) 20	(b) 20295 NE 29TH PLACE				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(8)	Mailing address of limited liabi				
	SUITE 203	St	SUITE 201				
	NORTH MIAMI BEACH, FL 33160	A\	AVENTURA, FL 33180				
	OCTOBER 12, 2015	L15	5000173391				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a)	SERBER & ASSOCIATES, P.A.						
(u)	Registered Agent and Registered Office shown on the records of 2875 NE 191 STREET	of State.					
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	····				
	SUITE 801						
	AVENTURA , FI.	33180	<u> </u>	F. C.	2019		
(b)	DORBEN CORPORATE SERVICES, LLC						
(0)	Enter name of NEW Registered Agent and/or NEW Registered		ent. Stanta	2			
	20295 NE 29TH PLACE				R		
	NEW Registered Office Address:			7.00	Ó		
	SUITE 201	<u> </u>		Ę.	50		
	AVENTURA , FL	33180					
he chai agent w	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the of organization of the operating agreement of the	the registered	office and the business office o	f the registe.	red		
	(het		ZEITOUNE				
4.	ure of a member or authorized representative of a member		Printed or typed name of signe		_		
l hereb provision he obli o mere polified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have inwriting of this change.	ee to act in th performance I for in Chapt tereby confirm	is capacity. I further agree to co of my duties, and I am familiar w er 605. F.S. Or, if this documen n that the limited liability compa	omply with to with and acco t is being fil- my has been	he ept ed		
Constitut	e of Registered Amont						