## L170000 32667

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## **COVER LETTER**

	egistration Section ivision of Corporations		
SUBJECT	OARES INVESTMENTS LL	_C	
3 <b>0202</b> 0		me of Limited Lia	bility Company
Dear Sir o	or Madam:		
The enclo	sed Registered Agent/Registered Of	fice Change and f	ee(s) are submitted for filing.
Please reti	urn all correspondence concerning the	his matter to the fo	ollowing:
CELSO	MORAES		
	Name of Person		_
ASSELF	FIS INTERNATIONAL LLC		
	Firm/Company		_
7751 KII	NGSPOINTE - UNIT 128		
	Address		
ORLANI	DO/FL - 32819		
	City/State and Zip Code		····
	@asselfis.com.br		
E-m	ail address: (to be used for future an	nual report notific	cation)
For furthe	r information concerning this matter	, please call:	
CELSO	MORAES	407	765-4480
	Name of Person		Area Code & Daytime Telephone Number
Re Di Cl 26	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		istration Section sion of Corporations Box 6327
E	nclosed is a check for the following	g amount:	
2	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy
INHS18 (2	/14)		

TRULANASSEE LUSASSEE 22

## 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. N	ame of the limited liability company: OARES INVE	STME	NTS LLC		
2. (a)	7751 KINGSPOINTE - UNIT 128	(	(b) 7751 KINGSPOINTE - UNIT 128		
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `		Aailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	ORLANDO / FL - 32819 - US		ORLAND	00 / FL - 32819 - US	
		<del></del>			
	02/09/2017		L1700003	2667	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	ASSELFIS INTERNATIONAL LLC				
J. (a)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of State	:	
	7751 KINGSPOINTE - UNIT 128			2000) 2000)	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>S)</u>		
				<b>7</b>	
	ORLANDO FI	32819	)	17 MAR -3 F	
	, 11	<del></del>		PH	
(b)	OTAVIO AUGUSTO REIS DE SOUSA			??	
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office a	idress:	: 24	
	7751 KINGSPOINTE - UNIT 128			<b>₽</b>	
	NEW Registered Office Address:				
	ORLANDO , FL	32819	<u>,</u>		
the cha agent was/x	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members of idles of organization or the operating agreement of the	f the reg ability c of the lir	istered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
11/	tain Angenti Vers de Sous	o 01	AVIO AUG	SUSTO REIS DE SOUSA	
Signa	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob- to mer	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perform d for in hereby c	et in this capa nance of my a Chapter 605 confirm that t	acity. I further agree to comply with the luties, and I am familiar with and accept .F.S. Or, if this document is being filed he limited liability company has been	
Signan	OVIO Husesti Keis de Souse per of Registered Agont				

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