## P0200054438

| (Re                                     | questor's Name)    |                 |
|---|--------------------|-----------------|
| (Ad                                     | ldress)            |                 |
| (Ac                                     | ldress)            |                 |
| (Cir                                    | ty/State/Zip/Phone | <del>( #)</del> |
| PICK-UP                                 | ☐ WAIT             | MAIL            |
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2A change



BSR 614/12

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: houis Investments Corp.  Name of Corporation   |  |  |
| DOCUMENT NUMBER: P02000054438   |  |  |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.   |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |
| Name of Contact Person  |  |  |
| Bocio Miestments Corp.  |  |  |
| 2500 Ponce De leon Blvd   |  |  |
| Coval 6a5les 1 33134  City/State and Zip Code   |  |  |
| E-mail address: (to be used for future annual report notification)  |  |  |
| For further information concerning this matter, please call:  |  |  |
| Carlos Centurion at 305, 797-3002  Name of Contact Person at Code & Daytime Telephone Number  |  |  |
| Name of Contact Person Area Code & Daytime Telephone Number   |  |  |
| Enclosed is a \$35.00 check made payable to the Department of State.  |  |  |
| Mailing Address:<br>Amendment SectionStreet Address:<br>Amendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |  |  |

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

٧.,

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  |
|---|
| statement of change is submitted for a corporation organized under the laws of the State of <u>LIOTICL</u><br>in order to change its registered office or registered agent, or both, in the State of Florida.   |
| 1. The name of the corporation: ADDIO MVESTMENTS COIP.  |
| 2. The principal office address: 2500 Ponce De Lum Blvd   |
| Coval Gasles, H 33134   |
| 3. The mailing address (if different):  |
| 4. Date of incorporation/qualification: 5/16/2002 Document number: P0200054438  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  |
| Murai, wald, Blando a Moveno PA.  |
| 1200 Ponce De lean Blvd.  |
| Cral 6asles, A 33134  |
| 6. The name and street address of the new registered agent (if changed) and /or registered of the (if changed):   |
| Carlos Centurion  |
| 2500 Ponce Isl lean Blvd.   |
| Cral basus & 33134  |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.  |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.   |
| Signature of an observed director  Cay los Contwon PSTD  Printed or typed name and title  |
| I hereby accept the appaintment of 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 amfamiliar with and accept the obligation of my position as registered agent. Or, if this document if being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| 5/30/12   |
| Signature of Registered Agent  Date   |
| If signing on behalf of an entity:  (a) I i i i i i i i i i i i i i i i i i i   |
| Typed or Printed Name   |

\* \* \* FILING FEE: \$35.00 \* \* \*