(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: ZAZ INVESTMENTS INC. Name of Corporation							
DOCUMENT NUMBER: 2 11 0000 39615							
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:							
ANA V. CAMPOS Name of Contact Person							
ZAZ IN VESTINENTS INC.							
24 30 Sw 22 +E12.							
Triami_FL-33145 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
ANAV. CAMPOI at (786) 2861261 Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							

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

statement of chan	rovisions of sections 607 ge is submitted for a cor	poration organized	d under the	laws of the	State of	HORIDA
in order	to change its registered	office or registered _	l agent, or b	oth, in the	State of Florid	da.
1. The name of th	e corporation:	ZAZ.				FMC.
2. The principal of	office address:	2430	SW	22	ten,	miami.
	T.	Da'DA.	331	42		
3. The mailing ad	dress (if different):	NA				
4. Date of incorpo	pration/qualification:	4/25/2011	Documer	nt number:	P11 ∞	0039615
	street address of the curr ment of State: (If resigne		t and registe	ered office	on file with th	ie
_	TAATIA	S A. Z	4CC0	mi		
	2430	Sw 22	. ten	2_		
_	Ma	mi-FC	- 331	145		140 140
6. The name and (if changed):	street address of the new	registered agent (i	f changed) a	and /or regi	stered office	OCT 17
_	ANA	- V. CAY	mpos	7		1
	243	5 SW 2	2 4	N.		#. 22 00 0
		P.O. Box NOT acce	ptable	-		
-	1740	ami-F	<u> </u>	214:	7	
The street addres as changed will b	s of its registered office e identical.	and the street add	ress of the b	ousiness of	fice of its reg	istered agent,
Such change was authorized by the	authorized by resolution board, or the corporation	n duly adopted by on has been notifie	its board of d in writing	f directors g of the cha	or by an officinge.	er so
Signature	of an collice or director		WA V.	CAM nted or typed r	POS - Proping and title	JASTICES
I hereby accept to I further agree to	he appointment as regis, comply with the provis, by duties, and I am fami, document is being filed the corporation has	one of all statutes	relative to	the proper	and complete	; egistered dress, I
	Ose of Registered Agent			0 - (1	-14	
If signing on beha	alf of an entity:					
ANA	V. CAMPE	너.				
	ed or Printed Name					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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