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## COVER LETTER

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:  **MICALA GUMMAN (Name of Person)**  TRE TAYESTHENT //C.  950 BRICKE/ BAY DR APT 33 //  (Address)**  MIAMI F/ 38/13/  (Cfty/State and Zip Code)**  For further information concerning this matter, please call:  Micala Gumman at (786) 355-48/5  (Name of Person) (Area Code & Daytime Telephone Number)  **STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327  2661 Executive Center Circle Tallahassee, Florida 32301	Division of Corporations			
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:  ### Colas Gullemed (Name of Person)  ### Property of Chy/State and Zip Code)  For further information concerning this matter, please call:  #### (Chy/State and Zip Code)  ### STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft Executive Center Circle  #### Change and fee(s) are submitted for filing.  ###################################				
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Please return all correspondence concerning this matter to the following:    Single   Color   Color	Dear Sir or Madam:			
Color   Colo	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
PSD BRICKE/ BAY DR APT 33/)  MIAM F/ 33/3/  (City/State and Zip Code)  For further information concerning this matter, please call:  Micolas Guillement at (786) 355-4815 (Name of Person) (Area Code & Daytime Telephone Number)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	Please return all correspondence concerning this matter to the following:			
PSD BRICKE/ BAY DR APT 33/)  MIAM F/ 38/3/  (City/State and Zip Code)  For further information concerning this matter, please call:  Micolas Guillement at (786) 355-48/5  (Name of Person) (Area Code & Daytime Telephone Number)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	Micolas Guillemel  (Name of Person)			
For further information concerning this matter, please call:  Micolas Guillon at (786) 355-4815  (Name of Person) (Area Code & Daytime Telephone Number)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Building Clifton Building Clifton Building Clifton Executive Center Circle  Pole Box 6327 Tallahassee, Florida 32314	IB IN VESTMENT LLC (Firm/Company)			
For further information concerning this matter, please call:    A	950 BRICKELL BAYOR APT 331)			
Micolas Guillome at (786) 355-4815 (Name of Person) (Area Code & Daytime Telephone Number)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Executive Center Circle  Automatical Section (Area Code & Daytime Telephone Number)  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	MIAM F/ 33/3/ (City/State and Zip Code)			
Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, Florida 32314	Micolas Guillemet at (786) 355-4815			
Enclosed is a check for the following amount:	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

in the State of Florida.	
1. Name of the limited liability company:	IN VESTMENT LLC
2. (a) Principal office address of limited liability compart (Note: MUST BE STREET ADDRESS)	19: 465 OCEAN OR APT 612 NIAMI BEACH, FC 33/39
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3. Date of filing/registration in Florida	<u>L 0800 00 30 825</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	^
Registered Agent:	Bruno P. Guillemel
Registered Office Address:	465 Ocean DR APT 612 MIAMI BEACH, FL 3319
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	Nicolas Guillemet
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	950 BRICKELL BAY OR APT 3311 MIAMI ,FL 33131
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member of authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company, it is
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the partial ambient with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, change in the registered office address, I herebyed in writing of this change.
(Signature of Registered Agent)	TALLUT OF

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