(Requestor's Name)			
(Address)			
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(City(Chate/7ix/Dhana 4)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corporations	•	
SUBJ		H INVESTORS, LLC. Limited Liability Company	
	Name of	Elimited Elaomity Company	
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning	this matter to the following:	
	Mauro lurman		
	Name of Person		
	2MH INVESTORS, LLC.		
	Firm/Company		
2199 Ponce de Leon Blvd, Suite-300			
	Address		
Coral Gables, FL 33134			
	City/State and Zip Code	·	
Miurman@americansteelp.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
	Mauro lurman	at (305) 250-9980	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
	Enclosed is a check for the following	ng amount:	
	\$25 Filing 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 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.

1. Name of the limited liability company:	2MH INVESTORS, LLC.			
2. (a) Principal office address of limited liability compan	y: Marga Degwitz			
(<u>Note: MUST BE STREET ADDRESS</u>)	2199 Ponce de Leon Blvd, Suite-300 Coral Gables, FL 33134			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)				
10/10/2007	L07000104687			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	Marga Degwitz			
Registered Office Address:	2199 Ponce de Leon Blvd, Suite-300 Coral Gables, FL 33134			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	W Registered Office address: Mauro lurman			
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2199 Ponce de Leon Blvd, Suite-300			
	Coral Gables ,FL 33134			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.				
Signature of a member or authorized representative of a member				
Mauro lumfan Printed or typed name of signee	- 3 860 のおもの でいた。			
I hereby accept the appointment as 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 deficient and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S., Or, if this document is being filed to merely reflect a change in the registered of address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent				
Signature of Registered Agent				

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