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COVER LETTER

TO: Registration Section ' Division of Corporations							
Division of Corporations							
Volfranz 2 Investmment 2015 LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.						
Please return all correspondence concerning this mat	ter to the following:						
Francesco Volpe							
Name of Person							
Tem Veft.							
Firm/Company							
[∬] 12535 SW 14th PL							
Address							
Davie, FL 33325							
City/State and Zip Code							
fvolpe2010@gmail.com							
E-mail address: (to be used for future annual re	port notification)						
For further information concerning this matter, pleas	e call:						
Francesco Volpe	786) 277-4443						
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 amou	int:						
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 12535 SW 14th PL Davie FL 33325 1390 BRICKELL AVE STE 200 MIAMI, FL , FL 33131 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 12535 SW 14th PL Davie , FL 33325 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 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:	1. N	ame of the limited liability company: Volfranz 2	Investm	ment 2015 l	LLC		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 12535 SW 14th PL Davie FL 33325 12535 SW 14th PL Davie FL 333331 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 12535 SW 14th PL Davie FL 33325 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 gent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)	2. (a)			'h)			
D6/29/2015 Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of the Florida Dept. of State: ALVARO CASTILLO B., P.A. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1390 BRICKELL AVE STE 200 MIAMI, FL , FL 33131 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 12535 SW 14th PL Davie , FL 33325 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 that the change or changes are made, the Florida street address of the registered office and the business office of the registered office and the business office of the registered enter the change or changes are made, the Florida street address of the registered office and the business office of the registered enter the identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)	-: (u)	Principal office address of limited liability company:	· ·				
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the articles of organization of the operating agreement of the limited liability company. Michele Volpe Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am jamiliar with and act the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being fit to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.	the chargent was/w the arr	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization of the operating agreement of the number of a member or authorized representative of a member oby accept the appointment as registered agent and agions of all statutes relative to the proper and completing agreement of my position as registered agent as providely reflect a change in the registered office address,	of the reg liability (s of the li- ie limited	istered offic company, it is mited liability liability con	e and the business offices hereby confirmed that ty company or as otherwing many. Michele Volpe Printed or typed name of state of the confirment of the co	e of the classic project comments of the classic project comments of the comme	ne registered hange(s) rovided in
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