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SECRETARY OF STATE DIVISION OF CURTURATION

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1616 INVESTMENT, LLC (Name of Limit	ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Jeannette Mirabal	SECRETARY AIVISION OF CT 2006 OCT -3
(Name of Person)	T - SR TA
Jeannette Mirabal P.A. (Firm/Company)	RY OF STATE OR STORES
5775 Blue Lagoon Drive Suite 135	# 27
Miami FL 33126 (City/State and Zip Code)	
For further information concerning this matter, p	blease call:
Jeannette Mirabal at (Name of Person)	(305) 267 7009 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	mount:
✓ \$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. The name of the limit	ed liability compar	ny is: 1616 INVES	STMENT, LLC				
2. The mailing address o	f the limited liabil	ity company is: 2	271 W. 77 Street	: Hialeah I	Florida	33016 _.	
02/27/2001 3. Date of filing/registration in Florida			L0100003016 4. Document number				
5. The name of the regist Florida Department of	ered agent and the State:	registered office a	ddress as shown o	n the recor	rđn of t	he	
	Jose Alejand 2271 W. 77 St	Name					
	Hialeah Florid	Address a 33016 City, State and Zip)		200	OIV.S	
6. The name and address	of the new register	red agent and/or of	ffice:		2006 OCT	ECRET	
	2271 W. 77 St	s, Manager Me Name reet Idress (P.O. Box N			-3 PM 3:	FILED TARY OF STATE OF COOPERATIONS	
	<u>Hialeah</u>	FL 3301	16		27	JONE JONE	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lire or the operating agreement	hange or changes a f the registered age creby confirmed tha nited liability com	are made, the Florient will be identica at the change(s) we pany or as otherwi	da street address of l. Or, in the case of as/were authorized	of the regis of a Florida I by an affi	tered of a limite rmativ	office ed e vote	
Signature of a member or author	-	member)					
(Printed or typed name of signee)							
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Oy, if a address, I hereby confirm		red agent and agre lative to the prope ations of my positi eing filed to merely ability company ho	e to act in this cap r and complete per on as registered a reflect a change is s been notified in	oacity. I fu rformance gent as pro in the regis writing of	rther a of my wided stered this ch	igree to duties, for in office ange.	
(Signature of Registered Agent) Division	on of Corporation	s, P.O. Box 6327,	Tallahassee, FL	32314			

FILING FEE: \$25.00