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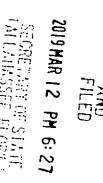
(Requestor's Name)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SUBJE	ECT: ZACARLAS REAL ESTATE INVE		
	Name of Lir	nited Liability Company	
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter	to the following:	
	CARLOS M. SOLARES		
	Name of Person		
	ZACARIAS REAL ESTATE INVESTMENT	S ,LLC	
	Firm/Company		
	12780 SW 122 AVE , STE # 200		計画の記
	Address		35
	MIAMI FLORIDA 33186		-
	City/State and Zip Code		
	CMSOLARES@YMAIL.COM		
E	-mail address: (to be used for future annual repo	rt notification)	
For furt	ther information concerning this matter, please c	all:	
С	ARLOS M. SOLARES	305) 253-0650	
	Name of Person	Area Code & Daytime Telephone Nur	—— mber
	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 amount	:	
	Ş \$25 Filing Fee	S55 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 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.

1.	Na	ame of the limited liability company: ZACARIAS	REAL	EST	ATE IN	VESTMENTS ,	LLC		
	(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	·/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		12780 SW 122 AVE , STE # 200			12780	SW 122 AVE	, STE	# 200)
		MIAMI FLORIDA 33186	_		MLAMI	FLORIDA 33	3186		
		11/16/2001			L0100	00019864	·		
3.		Date of filing/registration in Florida	4.		Do	ocument numbe	er er		
5.	(a)	Registered Agent and Registered Office shown on the records of th							
		Registered Agent and Registered Office shown on the records of th	e Florida	a Dept.	of State:			20	
		BLUM SAMUEL S, ESQ					AEC AEC	19	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	Σ			걸림	Ř	
		2666 TIGERTAIL AVE ,STE # 106					要素	2019 MAR 12	一子
		COCONUT GROVE .FL	331	33				PX	ED
	/1						101 115	6: 27	
	(b)	(b) Enter name of NEW Registered Agent and/or NEW Registered Off					크리	27	
		CARLOS M. SOLARES							
		NEW Registered Office Address:	•	·	 -				
		12780 SW 122 AVE , STE # 200							
		MIAMI, FL_	331	86					
the age wa the	e cha ent v is/wo e arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabilities of a member or authorized representative of a member	he regi pility co the lin	stered ompan ited li liabilit	office ar y, it is he ability con y compa	nd the business ereby confirmed ompany or as o	office of the that the therwise p	the regis change(stered s)
pro the to	ovisi e obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I had d in writing of this change.	e to ac perform for in (ereby c	t in thi ance o Chapte onfirm	is capacion of my dut or 605, F or that the	tv. I further ag ies, and I am fa .S. Or, if this a limited liabilit	ree to con uniliar wil locument i y company	aply with th and a is being v has be	h the eccept filed en
Si	gnatu	re of Registered Agent							