## 102000010199

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
Snow White Investments, LLC SUBJECT:				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Iris M. Fernandez				
Name of Person	<del></del>			
Snow White Investments, LLC				
Firm/Company				
6917 Collins Avenue #415				
Address				
Miami Beach, FL 33141				
City/State and Zip Code				
irfernandez@yahoo.com				
E-mail address: (to be used for future ann	ual report notification)			
For further information concerning this matter,	please call:			
Iris M. Fernandez	305 796-7030			
Name of Person	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	amount:			
S25 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 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	me of the limited liability company: Snow WI	hite Investm	nents, LLC
2. (a)		(b	)
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	<u>y</u> ;	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6917 Collins Ave #415		6917 Collins Ave #415
	Miami Beach, FL 33141		Miami Beach FL 33141
	04/29/2002		L02000010199
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Iris M. Fernandez		
J. (a)	Registered Agent and Registered Office shown on the recor	rds of the Florida	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STR 11710 NW South River Dr #216	EET ADDRESS	2
	Medley	. FL 33178	
(b)	Iris M. Fernandez		THE FAILS OF TAILS 86
(07	Enter name of NEW Registered Agent and/or NEW Regis	stered Office ad	dress:
			TILEU FM 12: 86
	NEW Registered Office Address:	·	(Z)
	6917 Collins Ave #415		
	Miami Beach	_, <sub>FL</sub> 33141	
the cha agent v was/wa	vill be identical. Or, in the case of a Florida limit	ess of the regi- led liability co pers of the lim	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
	Dur U remail.		M. Fernandez
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
the obl to mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as property reflect a change in the registered office address in writing of this change.	d agree to act pleie perform ovided for in ( ss, I hereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been

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

Signature of Registered Agent