## 602000034942

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(Requestor's Name)	
(Address)	
(Address)	700024077017
(City/State/Zip/Phone #)	
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(Business Entity Name)	25.0
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:  11 A Charge	
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LAME VIEW INVESTMENT, LLC (Name of corporation)
DOCUMENT NUMBER: 402000024942
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Giorgio Antoniazzi (Name of person)
LAME VIEW INVEST MENT, CLC
5580 N.W. 84AVF
Miami FL 33166  City/state and zip code)
For further information concerning this matter, please call:
Giongio Antoniatzi at 305, 5930736 (Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 6, 2003

GIORGIO ANTONIAZZI LAKE VIEW INVESTMENT, LLC 5580 N.W. 84 AVE. MIAMI, FL 33166

SUBJECT: LAKE VIEW INVESTMENT, LLC

Ref. Number: L02000024942

We have received your document for LAKE VIEW INVESTMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

The form submitted is for a Corporation, however, LAKEVIEW INVESTMENT, LLC is a Limited Liability Company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 803A00060703

Michelle Hodges Document Specialist

## 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 limited liability company is: Lake View Investment, LLC
2. The mailing address of the limited liability company is: 5580 N.w. 84 Cive.
Miami, FL 33166
9-24-2002 L02000024942
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Legal Zoom Nevada Inc.  Name  395 alhambra Circle, 6uite 301  Address  Coral Gables IL 33134  City, State and Zip
•
6. The name and address of the new registered agent and/or office:  \[ \text{Arazoza & Fornandez-traga, P. A. B. B. T. A. D. D. D. Name of the et. Suite 300 for the street address (P.O. Box NOT acceptable) \[ \text{Coral & Gabes & 33134} \\ \text{City, State and Zip} \]
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)  (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 act the property of the property and complete the appointment as registered agent and agree to act in this capacity. I further agree to act the property and complete agent and agree to act the property and complete agent and agree to act in this capacity.
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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 6168, 5.5. Or, if this document is being filed 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.  (Signature of Registered Agent)
Division of Cornorations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**