102000025210

(Requestor's Name)				
(Address)				
(Address)				
(City	y/State/Zip/Phone	e #)		
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(Business Entity Name)				
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T. CLINE

DEC - 3 2008

EXAMINER

COVER LETTER

	• •		
TO:	Registration Section Division of Corporations		
SUBJ	ECT: Michigan Avenue I (Name of Lin	nvestments, LLC mited Liability Company)	
Dear S	Sir or Madam:		
The e	nclosed Registered Agent/Registered Office	Change and fee(s) are submitted for fil	ing.
Please	e return all correspondence concerning this	matter to the following:	
,	Giselle A. Miro (Name of Person)		
	Michigan Avenue Investmen (Firm/Company)	ts,uc	2008 DEC SECRE
ц	H450 lake Colabon Dr.		TARY ASSE
	(Address)		AH II: 02 OF STATE E.FLORIDI
	Orlando, FL 32837 (City/State and Zip Code)		: 02
For fu	orther information concerning this matter, pl	lease call:	
	Tesus E. Rivera at (Name of Person)	(Area Code & Daytime Telephone Nu	ımber)
	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	
1186 m 14 - 27	Enclosed is a check for the following an	nount:	
	\$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. Name of the limited liability co	mpany: Michique	Avenue Investments, LLC
2. (a) Principal office address of (Note: MUST BE STREE	limited liability company	v: 4450 Lake Colabous Dr. Orlando, Fl. 32839
(b) Mailing address of limited (Note: MAY BE POST O		4450 Lake Colabay Dr. Orlando, Fl. 32837.
09 25 2002 3. Date of filing/registration in Flo	orida	<u>LOZ.000025210</u> 4. Document number
5. (a) Registered Agent and Reg	istered Office shown on	the records of the Florida Dept. of State:
Registered Agent:		Swanni Puinonez
Registered Office Address	:	808 Brickell Key Dr. Hart 3801 Mianu, FL. 33131 ≥
(b) Enter name of <u>NEW Regis</u> <u>NEW</u> Registered Agent:	tered Agent and/or <u>NE</u>	W Registered Office address: SSEE F.F. T. T. SSEE F.F. S. F. F. F. F. S. F. F. F. F. F. S. F.
NEW Registered Office A (MUST BE FLORIDA ST		4450 Lake Colabour Dr. Orlando ,FL 32037
that after the change or changes ar office of the registered agent will hereby confirmed that the change liability company or as otherwise limited liability company.	e made, the Florida stree be identical. Or, in the c	laws of the State of Florida, it is hereby confirmed et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the
(Printed or typed name of signee)		
I hereby accept the appointment a comply with the provisions of all s am familiar with and accept the of F.S. Or, if this document is being confirm that the similed liability co	ns registered agent and a tatules relative to the pr bligations of my position filed to merely reflect a ompany has been notified	ngree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.
(Signature of Registered Agent)		6327 Tallahassee Fl. 32314

FILING FEE: \$25.00