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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	ALESSANDRA INVESTMENTS, I	LLC				
(34)13(1)	Name of Limited Liability Company					
Dear Si	ir or Madam:					
The end	closed Registered Agent/Registered Off	ice Change a	and fee(s) are submitted for filing.			
Please r	return all correspondence concerning th	is matter to t	the following:			
Marie II	lauer					
	Name of Person	<u>.</u>				
C T Cor	rporation System					
	Firm/Company			, igi		
28 Liberty St.						
	Address			. -		
New York, NY 10005						
	City/State and Zip Code					
——————————————————————————————————————	-mail address: (to be used for future and	nual report no	otification)			
For furt	her information concerning this matter.	please call:				
Marie H		212 at (894-8940			
	Name of Person	\	Area Code & Daytime Telep	hone Number		
Registration SectionRDivision of CorporationsDClifton BuildingP		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following	amount:				
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy			
INHS18	(2/14)					



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.

I. Na	ame of the limited liability company: ALESSANDRA I	NVESTME	NTS, LLC
2. (a)	·		
	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/22/2002		02000028062
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPDIRECT AGENTS, INC Registered Agent and Registered Office shown on the records of t		
	Registered Office Address	· 	
	1200 South Pine Island Road		
	Miami, FL	33324	
(b)	NRAI Services, Inc.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	PH 2: 5
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation FL	33324	
he cha igent w vas/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of the of organization or the operating agreement of the	the register bility comp f the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) of liability company or as otherwise provided in pility company.
Signat	ure of a member are appropriated representative of a member		Printed or typed name of signee
rovisio he obli o mere iotifica <u>v</u> : []	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete positions of my position as registered agent as provided by reflect a change in the registered office address. I have the provided of this change. NRAI Services, Inc. Lost Color Registered Agent	ee to act in verformand I for in Cha ereby conf.	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept upter 605, F.S. Or. if this document is being filed irm that the limited liability company has been

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