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K.SALY EXAMINER MAY - 2 2013

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CHAMONIX INVE	STMENTS, LLC	
	Limited Liability Company	
Dear Sir or Madam:		
Dour on Madain.		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Seymour S. Lenz		
Name of Person		
Chamonix Investments, LLC		
Firm/Company		
* * *	And the second	
P.O. Box 520669		
Address	· .	
·		
Longwood, FL 32752-0669		
City/State and Zip Code		
chamonixinv@aol.com		
E-mail address: (to be used for future annual report n	otification)	
For further information concerning this matter	er, please call:	
Seymour S. Lenz	at (407) 620-3566	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
Enclosed is a check for the following	ng amount:	
☑ \$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.

Name of the limited liability company:	amonix Investments, LLC
2. (a) Principal office address of limited liabilit (Note: MUST BE STREET ADDRESS	
(b) Mailing address of limited liability comp (Note: MAY BE POST OFFICE BOX	any: Chamonix Investments, LLC P.O. Box 520669 Longwood, FL 32752
4/24/2013	
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office	shown on the records of the Florida Dept. of State;
Registered Agent:	Roesel, G.L.
Registered Office Address:	Chamonix Investments
regionaled critical reduces.	430 RINEHART ROAD
	LONGWOOD, FL 32746
(b) Enter name of NEW Registered Agent	and/or NEW Registered Office address:
NEW Registered Agent:	Seymour S. Lenz
NEW Registered Office Address:	427 Daytona Ave.
MUST BE FLORIDA STREET ADDR	Longwood ,FL 32750
confirmed that after the change or changes are mand the business office of the registered agent w liability company, it is hereby confirmed that the	
Roesel, G.L.	
Printed or typed name of signee	
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liabili	gent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, is of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.	O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)