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Division of Corporations

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From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC REGISTERED AGENT CHANGE GARCO INVESTMENTS, LLC

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## 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. N	ame of the limited liability company: GARCO INVEST	MENT	S,	LLC		
2. (a)	700 N.W. 107th Avenue		(b)	700 N.W. 107ti	h Avenue	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(-)	Mailin	g address of limited li	
	Suite 400			SUITE 400	<u> </u>	<u> </u>
	MIAMI, FL 33172	<del>-</del>		MIAMI, FL 331	172	
	11/12/2003		I	.03000043736		
3.	Date of filing/registration in Florida	4.	-	Docu	ment number	
5. (a)	CT CORPORATION SYSTEM					
J. (4)	Registered Agent and Registered Office shown on the records of d 1200 SOUTH PINE ISLAND ROAD			Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>SS)</u>			
	PLANTATION , FL	33324				2320 JUI.
(b)	Corporate Creations Network Inc.					Ú1. –9
(-7	Enter name of NEW Registered Agent and/or NEW Registered (	Office a	ddr	<u>ess</u> :		9
	801 US Highway 1					
	NEW Registered Office Address:					
	North Palm Beach	3408		<del></del>		
:hange igent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization on the operating agreement of the line.	of the egister ility co the lim mited I	ed omp nite liab	office and the broany, it is hereby d liability comm	usiness office of the confirmed that the confirmed	he registered he change(s)
Signan	are of a member or authorized representative of a member		- 4-4-11		for typed name of sign	nee
rovisio he obli; o mere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pergations of my position as registered agent as provided for reflect a change in the registered office address, I here in writing of this change.	erjormo for in C reby co	anc ha nfi	this capacity. I e of my duties, i pter 605, F.S. ( rm that the limi	further agree to c and I am familiar Or, if this docume ited liability comp	comply with the with and accept nt is being filed any has been
Signaturi	Danielle Gossman, Special S	Secreta	ry			