L04000014229

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Ultima Investments, LLC (Name of Limited L	iability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Jimmy Levy		
(Name of Person)		
Ultima Investments, LLC		
(Firm/Company)		
14411 Commerce Way, Suite 300		
(Address)		
Miami Lakes, FL 33014		
(City/State and Zip Code)	- and -	
For further information concerning this matter, please	call:	
Jimmy Levy at (_3	05 999 - 0358	
(Name of Person)	(Area Code & Daytime Telephone Number)	
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	
Enclosed is a check for the following amoun	nt:	
✓ \$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.

	1770	
1. The name of the limited liability company is:	Ultima Investments, LLC	
2. The mailing address of the limited liability con	npany is : 14411 Commerce Way, Suite 300	
Miami Lakes, FL 33014	<u> </u>	
February 22, 2004	L04000014229	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State:	,	
Ultima Investments,	Name ZS &	
300 NW 183 STREET	Name SECRET TALLARI AND SECRET	
	ddress AC R	
MIAMI GARDENS, FL 33169 US		
City, S	tate and Zip	
6. The name and address of the new registered age	INVESTMENTS, LLC	
Jimmy Levy/ ULTIMA	INVESTMENTS, LLC 콜큐 양	
N	ame	
14411 Commerce Way		
Florida street address	(P.O. Box NOT acceptable)	
Miami Lakes,	FL 33014	
City, Sta	te and Zip	
and the business office of the registered agent will liability company, it is hereby confirmed that the o	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited thange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization	
Signalure of a mehiter or authorized representative of a member)	<u> </u>	
' '		
Jimmy Levy (Printed or typed name of signee)	****	
-	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.	
Division of Corporations, P.O	. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00