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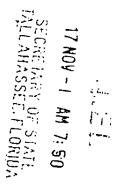
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER .

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TO:	Registration Section Division of Corporations						
SURJ	POMPANO INVESTMENTS	, LLC					
SUBJECT: Name of Limited Liability Company							
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Offi	ce Change a	nd fec(s) are submitted for	filing.			
Please	return all correspondence concerning thi	s matter to t	he following:				
Nanc	y Roselli-Summa						
	Name of Person						
РОМ	PANO INVESTMENTS, LLC						
<u></u>	Firm/Company						
1628	N FEDERAL HIGHWAY, STE. 20	3					
	Address						
FOR	T LAUDERDALE, FL 33305						
	City/State and Zip Code						
nanc	y.summa1@gmail.com						
F	-mail address: (to be used for future annu	ual report no	tification)				
For fu	rther information concerning this matter,	please call:					
H. JC	SEPH ROSELLI	954	563-1150				
	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 amount:							
	■ \$25 Filing Fee		\$55 Filing Fee & Certified	l Copy			
INHS1	8 (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.

1.	Na	me of the limited liability company:	VEST	M	ENTS,	LLC	
2. ((a)	1628 N FEDERAL HIGHWAY	(b) 1628 N FEDERAL HIGHWAY				
,	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- \			-	of limited liability company: BE POST OFFICE BOX)
		SUITE 203	_		SUITE	203	
		FT. LAUDERDALE, FL 33305	_	í	FT LAU	JDERDALE, I	FL 33305
		4/22/04		L	040000	031002	
3.		Date of filing/registration in Florida	4.			Document nu	ımber
5.	(a)	DAVID HEALEY					
	` ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1881 N UNIVERSITY DRIVE			ate:	17 N SEGR	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) STE 204			 -	NOV - I	
		CORAL SPRINGS, , FL 3	3071				mc >
((b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	H 7:50 F SIAIE FLORIDA	
		1628 N FEDERAL HIGHWAY NEW Registered Office Address:					
		STE. 203					
		FORT LAUDERDALE F1,3	3305	i			
the age was the	cha nt w /we artic	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the till be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	ne regi ility c the lin mited	iste om nite lia	red officiency, it is a liabil to be a liabil to bility co	ce and the busin is hereby confinity company or a	ness office of the registered med that the change(s)
	•	ure of a member of authorized representative of a member				* *	I name of signee
pro the ur n	visie obli idre	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete period gations of my position as registered agent as provided lyreflect a change in the registered office address. I he writing of this change.	e to ac erform for in ereby c	t ir nan Ch con	this ca ce of my apter 60 firm tha	pacity. I further of duties, and I a 05, F.S. Or, if th t the limited liai	r agree to comply with the m familiar with and accept his document is being filed bility company has been
Sign	atur	e of Registe ed Agent					
		Division of Corporations P.O. Bo FILING FE				assee, FL 32314	4