| AndeyA Investments, LL CALLA. 1631 N.W. 31st Avenue, #170  FORT Lauderdale, Fl 33309  (Address) | 900056714     |
|---|---------------|
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)                             | 07/01/0501024 |
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## . STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursuant to the provision liability company submits agent, or both, in the State   | ns of sections 608.416<br>the following stateme<br>of Florida.   | or 608.508, Florida Stati<br>ent in order to change its re  | utes, the undersig<br>egistered office o  | med limited  |
|--|--|---|---|--|
| 1. The name of the limite  | d liability company is:  | ANDEYA INVESTMEN  | TS, LLC   | 2005 JUL - 1 P   |
|  |  | mpany is : 4631 N.W. 31   | ST AVENUE,  | SECRETARY OF :   |
| SUITE #170, FORT LA  |  |   |   | TALLAHASSEE, FI  |
| MAY 31, 2005   |  | L050000533  | 352   |  |
| 3. Date of filing/registration   | on in Florida  | 4. Document r   | number  |  |
| 5. The name of the registe Florida Department of S   | State: STEVE N CABRAL 7516 SW 7 ST NORTH LAUDERD   | Name<br>Address   | n on the records  | of the   |
| 6. The name and address of   | •  | •   |   |  |
| o. The hanc and address (  | JACKLYN SMITH  | gone and or orrivo.   |   |  |
|  |  | Name  | _   |  |
| •  | Florida street address   | s (P.O. Box NOT acceptable  | <del>-</del><br><del>-</del> )  |  |
|  | North Lauderdale,  | FL 33068  |   |  |
|  | City, S  | tate and Zip  |   |  |
| confirmed that after the chand the business office of liability company, it is her   | ange or changes are mathe registered agent will eby confirmed that the liability company or a fithe limited liability company. |   | ss of the registere<br>se of a Florida lir<br>zed by an affirma   | ed office<br>nited<br>ative vote of                                |
| Steve Cabral   |  |   |   |  |
| (Printed or typed name of signee)  | **-  |   |   |  |
| I hereby accept the appoing the comply with the provision and I am familiar with and Chapter 608, J.S. Or, if the address I hereby confirm | ntment as registered as sof all-statutes relative facept the policy action is document is being fithat the lighted liability.  | gent and agree to act in this<br>e to the proper and complete<br>s of my position as registere<br>filed to merely reflect a char<br>y company has been notified | capacity. I furthe<br>performance of<br>dagent as providing<br>age in the register<br>of this writing of this | er agree to<br>my duties,<br>led for in<br>red office<br>s change. |
| (Signature of Registered Agent)  |  |   | mr  |  |
| Di/visio:  | n of Corporations, P.0   | O. Box 6327, Tallahassee,   | FL 32314  |  |

**FILING FEE: \$25.00** 

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