L05000103222

From: BRIGITTE DI NOTOLE 10902 NW 83RDST. ALL 103		
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SECRETARY OF STATE
AND A SSEE, FLORIDA

C. LEWIS

SEP 2 3 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2011

BRIGITTE DI NATALE 10902 NW 83RD ST. APT. 103 MIAMI, FL 33178

SUBJECT: INVERSIONES ALB, L.L.C.

Ref. Number: L05000103222

We have received your document for INVERSIONES ALB, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 911A00020864

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.

1. Name of the limited liability company: True Sac	nos Alb, L.L.C.
2. (a) Principal office address of limited liability company:	10902 nw BBrd St.
(Note: MUST BE STREET ADDRESS)	Hour Fl, 33178.
(b) Mailing address of limited liability company:	10002 NWB3rdst
(Note: MAY BE POST OFFICE BOX)	Miant 70,33178.
11 (00 10 - 500 10 3	322
11/02/2005. 3. Date of filing/registration in Florida	Document number 3018
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	Jam SPERA.
Registered Office Address:	5550 SW 87Th &V
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Brogette De natale 10902 NW 83 state 103 MOUNT FL 3378
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agroundly with the provisions of all statutes relative to the proparad I am familiar with and accept the obligations of my position and I am familiar with and accept the obligations of my positions of the limited liability company in that the limited liability company is address, I hereby confirm that the limited liability company in the limited liability company i	ws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote rise provided in the articles of organization
Division of Corporations, P.O. Box 632' FILING FEE: \$25	· 1 🙃