

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone #	#)
 -		 -1
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
· —		
<u> </u>		
Special Instructions to	Filing Officer:	
		7.0
		1214 1
	Office Use Only	



12/15/05--01038--017 **55.00

COVER LETTER

Division of Corporations		
SUBJECT: ARKOL INVESTMENTS, LI	LC	
(Name of Limite	ed Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this i	matter to the following:	
GILMA MORENO		
(Name of Person)		
ARKOL INVESTMENTS, LLC (Firm/Company)		
231 SW 25th Road		
(Address)	Arc 0	
Miami, FL 33129	5 DE(
(City/State and Zip Code)	- Self	
For further information concerning this matter, pl	ease call:	
	954) 987-7550	
(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 am	nount:	
☐\$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.

1.	The name of the limited liability company is:	ARKOL INVESTMENTS, LLC
		mpany is: 231 SW 25th Road, Miami, FL 33129

November 30, 2005 L05000114338

3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Theda J. Collins

Name

3111 Stirling Road

Address

Fort Lauderdale, FL 33312

City, State and Zip

6. The name and address of the new registered agent and/or office:

SILMA MORENO

Name

231 SW 25th Road

Florida street address (P.O. Box NOT acceptable)

Miami

FL 33129

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

GILMA MORENO

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00