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SECKUTARY OF STATE
TALLAHASSEE, ELORIDA

COVER LETTER

Division of Corporations	
SUBJECT: Investors International Group (Name of Limited	LLC Liability Company)
(
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	
Please return all correspondence concerning this ma	atter to the following:
Joel J. Karp, Esq.	
(Name of Person)	
Joel J. Karp, P.A. (Firm/Company)	
520 Brickell Key Drive, Suite O-303 (Address)	
Miami, FL 33131	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Joel J. Karp, Esq. at (3	305) 445-3545
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	Tahanassee, Horida 52514
Enclosed is a check for the following amo	ount:
≥ \$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 limi	ted liability company i	s: Investors International G	oup LLC			
2. The mailing address	of the limited liability	company is : 1150 N.W. 72	2nd Ave.,	PH Suit	.e	
Miami, FL 33126						
12/2/2005		L05000115	430			
3. Date of filing/registration in Florida 4. Document n		number				
5. The name of the regis Florida Department o	f State:	gistered office address as sho	wn on the	records	of the	;
	Karp & Genaue					
		Name				
	2 Alhambra Plaz	a, Suite 1202				
		Address		32 3	2001 OCT	
Coral Gables, FL 33134		Ţ	- 9	⊇		
	City	y, State and Zip				
6. The name and address	of the new registered	agent and/or office:		~~~	-8 F	
Key Registered Agents, Inc.				T	메 1:54	Canada Canada
		Name		FLORIDA		-
•	520 Brickell Key I	Drive, Suite O-303		음금	1	
	Florida street addre	ss (P.O. Box NOT acceptab	le))."		
	Miami,	FL 33131				
	City,	State and Zip		_		
confirmed that after the cand the business office o	change or changes are to If the registered agent v	d under the laws of the State made, the Florida street addr vill be identical. Or, in the c	ress of the r case of a Fl	registere lorida lin	ed offi nited	

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	luthorized repre	sentative of a	member)	
)(·	
SEAN	GRIMBE ped name of si	ER6			

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 duties, 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.

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