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EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Gloria	Invastments, LLC		
	Name of	Limited Liability Company		
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning	g this matter to the following:		
	Lie FA L	0 -		
	Name of Person			
Gloria InVestMents, LLC Firm/Company				
Firm/Company				
4980 NW 1655X # A-15				
Address				
Hialeah Garden, FC 33014 City/State and Zip Code				
1 -				
leekwp@gmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
* = ',, ',' ,, ,,	Lie FA Lo	at(305) 666-388\$		
	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	P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, Florida 32314		
	Tallahassee, Florida 32301			
Enclosed is a check for the following amount:				
١	\$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. Name of the limited liability company:	ia Investments, LCC
2. (a) Principal office address of limited liability company	: 4980 NW 1655t #A-15
(Note: MUST BE STREET ADDRESS)	Hialiah Garden,
	+1.33014
(b) Mailing address of limited liability company:	11420 N. Kendal Drive
(Note: MAY BE POST OFFICE BOX)	Suite # 207
- A	Miami, 7633176
April 5, 2006	L06000035434
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Lie FA Lo
Registered Office Address:	4980 NW 165 St # A-15 HI aleah Garden, Flason
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	LIR FA LO 4980, NW 1655t #A-15 Hialeah Gardenel 33014
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Lilly A to Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company. Signature of Registered Agent	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization

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