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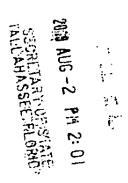
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## **COVER LETTER**

то:	Registration Section Division of Corporations			
SUB.	G & V INVESTMENTS LLC			· · ·
000		ne of Limite	ed Liability Company	The .
Dear	Sir or Madam:		To the second se	
The e	enclosed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.	
Pleas	e return all correspondence concerning th	is matter to	the following:	
Osca	ar Gomez			
	Name of Person		<del></del>	
G &	V INVESTMENTS LLC			
	Firm/Company			
1154	13 Anhinga Dr			
-	Address	·-		
Well	ington, Fl 33414			
	City/State and Zip Code			
dory	mani@gmail.com			
	E-mail address: (to be used for future ann	ual report n	notification)	
For fu	arther information concerning this matter,	please call	:	
Dory	Matiz	561	317-2964	
	Name of Person	41 (	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	amount:		
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116. 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.

l. Na	ime of the limited liability company:	TMENTS LLO	C
2. (a)	11543 Anhinga Dr. Wellington, FL 33414	(b)	
(07	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company:  (Note: MAY BE POST OFFICE BOX)
3.	07/30/2019  Date of filing/registration in Florida	4.	Document number
5. (a)	MIQUEL, ALBERTO		
	Registered Agent and Registered Office shown on the records of 5100 S. DIXIE HWY	the Florida Dept. o	f State:
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 10	<u>ADDRESS)</u>	
	WEST PALM BEACH	33405	
(b)	OSCAR GOMEZ		AUG-2 PH
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	11543 ANHINGA DRIVE		H 2: 0
	NEW Registered Office Address:		
	WELLINGTON FL	33414	<u> </u>
the cha agent v was/we the arti	imited liability company is not organized under the large or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members called of organization or the operating agreement of the	f the registered of ability company of the limited lia	office and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in a company.
Signa	ture of a member or authorized representative of a member	DON I WE	Printed or typed name of signee
I herci provisi the obl to merc	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I imwriting of this change.	ree to act in this performance of d for in Chapter hereby confirm	capacity. I further agree to comply with the