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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Bosament Hamber)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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07/28/08--01008--004 **25.00



D. BRUCE

JUL 29 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: AQUASOL INVESTMEI (Name			ability Company)		_
Dear Sir or Madam:					
The enclosed Registered Agent/Registered (Office	Change	and fee(s) are sub	mitted for f	iling.
Please return all correspondence concerning	this m	atter to	the following:		
LEOPOLDO CARRENA					•
(Name of Person)					
					7ACS
(Firm/Company)			<u></u>		CLAHVI GEREII TOF 80
4011 W. FLAGLER ST STE 404					28
(Address) !					PHIZ:
			, , ,		ORIGINAL ORIGINA ORIGINA ORIGINA ORIGIN
CORAL GABLES, FL., 33134-1643			_		A
(City/State and Zip Code)					•
For further information concerning this matt	ter, ple	ase call	:		
LEOPOLDO CARRENA	at (786) 556-9880		
(Name of Person)		(Area (Code & Daytime T	elephone N	lumber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Div P.O	ILING ADDRESS istration Section ision of Corporation Box 6327 ahassee, Florida 323	ns	
Enclosed is a check for the following	ng 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. Name of the limited liability company: AQUASOL	INVESTMENTS, LLC				
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	/: 4011 W. FLAGLER ST., SUITE # 404 CORAL GABLES, FL., 33134-1643				
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4011 W. FLAGLER ST., SUITE # 404 CORAL GABLES, FL., 33134-1643				
•					
04/27/2007	1.07000045165				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State: 😞				
Registered Agent:	TERRANOSTRA INVESTMENTS, LEG				
Registered Office Address:	4011 W. FLAGLER ST., SUITE # 404 & CORAL GABLES, FL., 33134-1643				
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office address: B.F. 51				
NEW Registered Agent:	CASTLE 5445, LLC.				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4011 W. FLAGLER ST., SUITE # 404				
	CORAL GABLES ■,FL 33134-1643				
If the limited liability company is not organized under the limited that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	t address of the registered office and the business are of a Florida limited liability company, it is				
	_				
(Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product am familiar with and accept the obligations of my position F.S. Or if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.				
(Signature of Resistered Agent)					
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00					

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