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COVER LETTER

SUBJECT: DRO Investments, LLC Name of Limited 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 matter to the following: DAVID ORSHAN Name of Person DRO INVESTMENTS, LLC Firm/Company 12929 PENNELL PINES ROAD Address BOYNTON BEACH, FL 33436 Cky/Sute and Zip Code davidofrontgate@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID ORSHAN 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 Enclosed is a check for the following amount:	TO: Registration Section Division of Corporations		
Name of Limited 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 matter to the following: DAVID ORSHAN Name of Person DRO INVESTMENTS, LLC Firm/Company 12929 PENNELL PINES ROAD Address BOYNTON BEACH, FL 33436 City/State and Zip Code davidofrontgate@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID ORSHAN Name of Person Arta Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:	Division of Corporations		
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2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:			
Tallahassee, Florida 32301 Enclosed is a check for the following amount:			
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\$25 Filing Fee \$\ \tag{\$55 Filing Fee & Certified Copy}	Enclosed is a check for the following amount:		
	\$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.

Name of the limited liability company:	DRO INVESTMENTS, LLC		
2. (a) Principal office address of limited liability compa	ny: 12929 PENNELL PINES ROAD		
(Note: MUST BE STREET ADDRESS)	BOYNTON BEACH, FL 33436		
(b) Mailing address of limited liability company:	12929 PENNELL PINES ROAD		
(Note: MAY BE POST OFFICE BOX)	BOYNTON BEACH, FL 33436		
05/02/2007	L07000046622		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown or	·		
Registered Agent:	ROBERT ORSHAN		
Registered Office Address:	150 ALHAMBRA CIRCLE ASS SUITE 1150		
	CORAL GABLES, FL 33134™○ 👺		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:		
NEW Registered Agent:	DAVID ORSHAN		
NEW Registered Office Address: 12929 PENNELL PINES ROA (MUST BE FLORIDA STREET ADDRESS)			
	BOYNTON BEACH ,FL 33436		
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 iability 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.			
DAVID ORSHAN			
Printed or typed name of signee			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to maderess, I hereby confirm that the similed liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, with a segment of the consider of my duties, with a segment of the registered office on the registered office my 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