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(Requestor's Name)	
(Address)	900163753309
(Address)	
(City/State/Zip/Phone #)	·
PICK-UP WAIT MAIL	12/21/0901009015 **25.00
(Business Entity Name)	
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SECRETARY OF STA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Lopez Invest Name of Limited I	ments USA LLC Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Name of Person		
Lopez Investments	ISP La	
8229 5W 107 Ave # D Address		
Miami FL 3317 City/State and Zip Code	3	
E-mail address: (to be used for future annual report notification)	<u>~</u>	
For further information concerning this matter, please call:		
Mame of Person at (30)	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
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

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		
Signature of Registered Agent		
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	ree to act in this capacity. If urther agree to per and complete performance of his duties, it in as registered agent as Frovided for in ely reflect a change in the registered office has been notified in writing of this change.	
Printed or typed name of signee	ms III	
Luis E. Long.	Sol N	
Signature of a member of authorized representative of a member	DEC T	
or the operating agreement of the limited liability company.	O9	
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 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		
If the limited liability company is not organized under the la	aws of the State of Florida, it is hereby	
(MUST BE FLORIDA STREET ADDRESS)	MI AMI ,FL 33773	
NEW Registered Office Address:	8229 SW 107 Ave # 1	
NEW Registered Agent:	Luis F. Laner	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	
	Mimi FL 33184	
Registered Office Address:	1165 SW 141 AVe	
Registered Agent:	Luis E. López	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
	1. Document number	
12/12/2007	107000123169	
(Note: MAY BE POST OFFICE BOX)	Migms FL 33/84	
(b) Mailing address of limited liability company:	1165 5W 141 Ave	
(Note: MUST BE STREET ADDRESS)	Miam, FL 33189	
2. (a) Principal office address of limited liability company	· -/	
1. Name of the limited liability company: Lopez	INVESTMENTS USHLLC	
liability company submits the following statement in order agent, or both, in the State of Florida.	to change its registered office or registered	
Pursuant to the provisions of sections 608.416 or 608.50	18, Florida Statutes, the undersigned limited	

FILING FEE: \$25.00