## L08000005702

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
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(Document Number)							
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Certified Copies Certificates of Status <u></u>							
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2009 AUG 27 PH 1: 31
SECRETARY OF STATE

C. LEWIS

AUG 2,8 2009

EXAMINER

## COVER LETTER -

, T	ГО:"		ration Section on of Corporations					
SUBJEC		ECT:	<del></del>			tments LLC		
			Name of Li	mited L	iabili	ity Company		
I	Dear S	ir or M	adam:					
7	The en	closed	Registered Agent/Registered Of	Registered Office Change and fec(s) are submitted for filing.				
F	lease	return	all correspondence concerning the	nis matte	er to	the following:		
			Jose E. Fano					
Name of Person						_		
264 Bauer Investments LLC					_			
2189 WEST 60TH STREET SUITE #205 Address  HIALEAH, FLORIDA 33016  City/State and Zip Code								
						_		
						· -		
-	É-1	JF nail addr	ANO@NOGABUILDERS.CO	M ification)		_		
F	or fur	ther in	formation concerning this matter	, please	call:			
_			Jose E. Fano	at (3	05	_)556-4282		
			Name of Person		F	Area Code & Daytime Telephone Number		
			ET/COURIER ADDRESS:			ILING ADDRESS:		
			ration Section on of Corporations			istration Section sion of Corporations		
			Building			Box 6327		
		2661 E	xecutive Center Circle assee, Florida 32301			ahassee, Florida 32314		
		Enclos	sed is a check for the following	amoun	t:			
	ſ	<b>√</b> )\$25	Filing Fee	Γ	<b>]</b> \$5:	5 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:	264 Bauer Investments LLC			
2. (a) Principal office address of limited liability compa	any: 2189 W 60 St.#205			
(Note: MUST BE STREET ADDRESS)	HIALEAH, FLORIDA 33016			
(b) Mailing address of limited liability company:	2189 W 60 51. #205 Higleah Florida 33016			
(Note: MAY BE POST OFFICE BOX)				
01/16/08	L08000005702			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:			
Registered Agent:	GEORGE S ZOMORA			
Registered Office Address:	3191 CORAL WAY, SUITE 404 MIAMI, FL 33145			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office address:  JOSE E. FANO			
NEW Registered Office Address:	2189 W 60 St.#205			
(MUST BE FLORIDA STREET ADDRESS)	HIALEAH ,FL 33016			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other than the operating agreement of the limited liability company.	ne laws of the State of Florida, it is hereby E Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote nerwise provided in the articles of organization any.			
Signature of a member or authorized representative of a member	<del></del>			
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 Chapter 608 F.S. Dr. if this document is being filed to address, I hereby confirm that the limited liability compositions of the composition of t	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this dange.			
Signature of Registered Agent  Vision of Corporations, P.O. Box  FILING FEE:	D/ /			