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T. HAMPTON

AUG 2 9 2008

**EXAMINER** 

## **COVER LETTER**

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TO: Registration Section Division of Corporations	
SUBJECT: Y.U. V. Investment, LL	
(Ivame	e 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	g this matter to the following:
Lorraine E. Perez	
(Name of Person)	
Intercontinental Law Firm, P.A.	
(Firm/Company)	
P.O. Box 430458	
(Address)	
South Miami, FL 33243	<b>¢</b>
(City/State and Zip Code)	
For further information concerning this made	tter, please call:
Lorraine E. Perez	at (_ 305) 740-9630
(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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ing 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.

1. Name of the limited liability company: Y.U. V. Inve	estment, LLC.	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	v: 7927 NW 67 Street Miami, FL 33166	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7927 NW 67 Street Miami, FL 33166	
03/31/2008  3. Date of filing/registration in Florida	1.08000032577 4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept.	. of State:
Registered Agent:	Intercontinental Law Firm, P.A.	
Registered Office Address:	5901 SW 74th Street, Suite 200 South Miami, FL 33143	SECRE A
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	W Registered Office address:	FIL U6 28 HASSE
<u><b>NEW</b></u> Registered Agent:		ino m
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3191 Coral Way Suite 616 Miami	S = 0 S = 0 S = 0 FL 33146
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles o limited liability company.  (Signature of a member or authorized representative of a member)	t address of the registered office	e and the business
Lorraine E. Perez (Printed or typed name of signec)	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of all statutes relative to the provision familiar with and accept the obligations of my position F.S. for, 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 for some of the performance as registered agent as provide change in the registered office of in writing of this change.	urther agree to e of my duties, and I d for in Chapter 608, address, I hereby

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00