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(Reque	estor's Name)				
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PICK-UP	WAIT	MAIL				
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Certified Copies	Certificate	s of Status				
Special Instructions to Filin	ng Officer:					
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A. LUNT

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EXAMINER

Office Use Only



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COVER LETTER

INHS18 (5/08)

TO:	Registration Sec Division of Cor					
. 🔑	Division of Cor	yorum yang				
SUB.	JECT:	Pitor	Bay In	vestment	ts, LLC	
505		***		iability Co		
Dear	Sir or Madam:					
The 6	enclosed Registere	d Agent/Registered	Office Ch	ange and fe	e(s) are sub	mitted for filing.
Pleas	e return all corresp	ondence concerning	g this matt	er to the fo	llowing:	
	Z	Zuganzi Felix				
		ame of Person				
	Piton Ba	y Investments, LL	С			ZUI FAL
		irm/Company			_	. L.V.
		•				
		:	••		" . i	ARY ASSE
	7404	SW 13th Street				5-
•		Address				
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	N.1					PH 1: 47 OF STATE FLORIDA
		uderdale, FL 3306	98			17 10 10 10 10 10 10 10 10 10 10 10 10 10
	City/S	State and Zip Code				
	zugar	nzi@comcast.net				
)	E-mail address: (to be us	ed for future annual report	notification)			
For f	urther information	concerning this mat	ter, please	call:		
	Zuganz		_ at (954)		1-1938
	Name of Pe	rson		Area Co	de & Daytime T	elephone Number
	OTDERT/COLD	IED ADDDECC.		BEATT INC	A DDDECC	
	STREET/COUR				G ADDRESS:	•
	Registration Section Registration Section Division of Corporations Division of Corporations			e		
	Clifton Building	rations		P.O. Box 6		3
	2661 Executive C	enter Circle			e, Florida 323	LIA
	Tallahassee, Flori			Tananasso	c, Florida 525	, , , ,
	Enclosed is a cl	neck for the followi	ng amou	# -		
	\$25 Filing Fe	e	1	\$55 Filin	ng Fee & Cei	rtified 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.

agein, or com, in the chare of 1 to had.	
1. Name of the limited liability company:	Piton Bay Investments, LLC
2. (a) Principal office address of limited liability comp	any: 7404 SW 13th Street
(Note: MUST BE STREET ADDRESS)	North Lauderdale, F 33068
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	HAY 19 PM AHASSEE, F
05/20/2008 3. Date of filing/registration in Florida	L08000050246 5
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Tania Lemus, US Corp. Agents, INC.
Registered Office Address:	320 S. Flamingo RD #347 Pembroke Pines, FL 33027
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	NEW Registered Office address:
<u>NEW</u> Registered Agent:	Zuganzi Felix
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7404 SW 13 ST North Lauderdale ,FL 33068
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 id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member	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
Printed or typed name of signee I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability comp	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 merely reflect a change in the registered office any has been notified in writing of this change.

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

INHS18 (05/08)

Agent