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TO:

INHS18 (2/14)

Registration Section

Division of Corporations Melbri Investments LLC SUBJECT: 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: Jorge Ramos Name of Person Firm/Company 3504 SW 143 Ct Address Miami, Florida 33175 City/State and Zip Code jorgeramosusa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jorge Ramos Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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 605.0114 or 605.0116, 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 (a) 	of the limited liability company:		(b)		
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		.0)		of limited liability company: BE POST OFFICE BOX)
10	0050 SW 12 Terr.		10050 SW 12 terr		
M	liami,FI 33174		Miami,	FI 33174	
06	5/11/2008		L080000)57401	
	Date of filing/registration in Florida	4.	·	Document n	umber
. (a) Ma	aria Ramos				
	gistered Agent and Registered Office shown on the records of	of the Flori	da Dept. of Sta	ate:	
Res	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	_
	0050 SW12 Terr		<u> </u>		19
М	iami . I	L 33174	1		APR 15
(b) Joi	rge Ramos				IS PA
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	D 1 2: 09 STATE FLORIDA
35	504 SW 143 Ct				ROA ADA
<u>NE</u>	EW Registered Office Address:			<u></u>	•
M	iami	, 33175	5	_	
he change gent will vas/were a	ted liability company is not organized under the le or changes are made, the Florida street address be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of the	of the reg liability of the li e limited	sistered office company, it mited liabil	ce and the busi is hereby conf ity company of impany.	iness office of the registered firmed that the change(s)
Signature	of a member or authorized representative of a member		Printed or typed name of signee		
rovisións he obligat o merely r	accept the appointment as registered agent and a of all statutes relative to the proper and comple tions of my position as registered agent as provide reflect a change in the registered office address, writing of this change	le pertori	nance of my	v duties, and L	am tamiliar with and accei