L08000059580

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies <u>1.20.5</u> Certificates of Status <u>5.00.5</u>					
Special Instructions to Filing Officer:					

Office Use Only



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09 SEP 28 PH 1: 36

SECRETARY OF STATE FALL AHASSEE, FLORIDA

J. BRYAN

SEP 29 2009

EXAMINER

COVER LETTER

10:	Division of Corporations					
SUBJECT: NRI Peru 2 LLC						
	Name of	Limite	d Liabilii	ty Company		
Dear S	Sir or Madam:					
The e	nclosed Registered Agent/Registered	Office	Change a	and fee(s) are submitte	ed for filing.	
Please	return all correspondence concerning	g this m	natter to t	he following:		
	Nir Shoshani			_		
	Name of Person					
	NRI Peru 2 LLC Firm/Company			-	09 SEI	
	1111 Park Centre Blvd # 4	50		-	09 SEP 28 PM 1:36 SECRETARY OF STATE	
	Miami FL 33169				F STATE	
	City/State and Zip Code			_	A	
E	natalie@nrinvestments.co	m notificati	on)	-		
For fu	rther information concerning this ma	tter, ple	ease call:			
	Natlaie Bailey	at (_	305) 625-09		
	Name of Person		A	rea Code & Daytime Teleph	one Number	
	STREET/COURIER ADDRESS:			LING ADDRESS:		
	Registration Section			stration Section		
	Division of Corporations			sion of Corporations		
	Clifton Building			Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301		Talla	shassee, Florida 32314		
	Enclosed is a check for the follow	ing am	ount:			
	\$25 Filing Fee	· =	\$55	Filing Fee & Certific	ed 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:	NRI Peru 2 LLC					
2. (a) Principal office address of limited liability company	:1111 Park Centre Blvd # 450					
(Note: MUST BE STREET ADDRESS)	Miami FL 33169					
(b) Mailing address of limited liability company:						
(Note: MAY BE POST OFFICE BOX)	Pro S					
6/17/2008	L0800005958					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
Registered Agent:	NR Investments LLC					
Registered Office Address:	1111 Park Centre Blvd. # 450 Miami FL 33169					
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:						
NEW Registered Agent:	NR Investments INC					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1111 Park Centre Blvd d# 450 Miami FL 33169					
	,FL					
If the limited liability company is not organized under the laws of the State of Florida, it is hereby 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 or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member						
Signature of a member of authorized representative of a member						
Printed or typed name of signee	-					
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided I am familiar with and accept the obligations of my post Chapter 608, FS. Or, if this document is being filed to met address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided office ely reflect a change in the registered office has been notified in writing of this change.					
Signature of Registered Agent						

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