2096748

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

L. SELLERS

MAR 18 2009

EXAMINER

Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| | |
| SUBJECT: Investment Wizards, LLC | Limited Liability Company) |
| (Name of | Elimited Liability Company) |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Off | ice Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning th | is matter to the following: |
| | |
| Yaima Lamela | <u> </u> |
| (Name of Person) | |
| Investment Wizards, LLC | |
| (Firm/Company) | |
| Po Box 940276 | |
| (Address) | |
| Miami, Fl 33194 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, | , please call: |
| - | |
| | at (|
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations Clifton Building | Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 |
| Enclosed is a check for the following | amount: |
| ☑ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy |
| INHS18 (5/08) | |

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: Investmen | t Wizards, LLC | |
|--|---|--|
| 2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) | ny: <u>937 SW 151 pl</u> Miami, Fl 33194 | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | Po Box 940276 Miami, Fl 33194 | |
| 3/14/2009 | L08000096748 | and the same |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown o | n the records of the Florida Dept. o | of State: |
| Registered Agent: | Yaima Lamela | |
| Registered Office Address: | 937 SW 151 pl Miami, Fl 33194 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> | EW Registered Office address: | |
| NEW Registered Agent: | Reynier Gonzalez | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 15049 SW 9 lane | |
| | MIAMI,F | `L <u>33194</u> |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member) | eet address of the registered office case of a Florida limited liability of the men | and the business company, it is obers of the limited |
| (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 pam familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect a confirm that the limited hability company has been notification of Registered Agent) Division of Corporations, P.O. Bor FILING FE | ox 6327, Tallahassee, FL 32314 | ther agree to of my duties, and I for in Chapter 608, daress, I hereby ALLAHASSE TARKS TOTAL T |