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SECRETARY OF STATE FALLAHASSEE FLORING

T. CLINE

NOV 1 3 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Buddy lee Investments, L	
Name of Limited Liabilit	ty Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
Juvenal Santana	
Name of Person	_
Buddy Lee Investments, LLC.	
Firm/Company	-
212 NW 106 Terrace	The state of the s
Address	
Pembroke Pines, FL 33026	SECRETARY ALLAHASSE
City/State and Zip Code	T
juvenal.santana76@gmail.com	- SA
E-mail address: (to be used for future annual report notification)	9
For further information concerning this matter, please call:	
Juvenal Santana at (305	801.7619
Name of Person A	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 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: Buddy Lee Im	vestments, LLC.	
2 (a) Principal office address of limited lightlift, as	AND THE STATE OF T	
2. (a) Principal office address of limited liability co (Note: MUST BE STREET ADDRESS)	Miami, FL 33056	
(Noie: MUST BE STREET ADDRESS)	Hilariti, t E 99999	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33056	
02/04/2009	L09000011686	,
3. Date of filing/registration in Florida	4. Document number	r
5. (a) Registered Agent and Registered Office show	wn on the records of the Flor	rida Dept. of State:
Registered Agent:	Ciprian Badulesci	<u>≥0</u> 32
-		
Registered Office Address:	18418 NW 56 Place Miami, FL 33056	23 Z 7
	Marii, FE 33000	
		m < 9 1
(b) Enter name of NEW Designand Agent and	or NEW Dogistored Office	address 3
(b) Enter name of NEW Registered Agent and/	or NEW Registered Office	address:
NEW Registered Agent:	Juvenal Santana	202
		*
NEW Registered Office Address:	212 NW 106 Terrace	
<u>(MUST BE FLORIDA STREET ADDRES:</u>	Pembroke Pines	.FL 33026
) dillorded i illod	,1 L <u>55060</u>
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the chathe members of the limited liability company or as of the operating agreement of the limited liability company.	 the Florida street address of e identical. Or, in the case of ange(s) was/were authorized otherwise provided in the artical 	of the registered office of a Florida limited
Signature of a member or anthorized representative of a member		
Ciprian Badulescu		
Printed or typed name of signee		
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I amfamiliar with and accept the obligations of Chapter 608 F. Or, if this document is being filed address, I kereft confirm that the limited liability confirms the limited liability liability liability confirms the limited liability	t and agree to act in this cap the proper and complete pe they position as registered a I to merely reflect a change ompany has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in the registered office writing of this change.
Signature of Registered Agent		
Division of Corporations, P.O. I	Box 6327, Tallahassee, FL FEE: \$25.00	32314
FILINGE	· Para - Grandout	