## 10900038946

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## **COVER LETTER**

TO: Registration Section Division of Corporations					
Mercurius Investments, SUBJECT:	LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	ce Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the	following:			
Mitchell Vento					
Name of Person					
Mercurius Investments, LLC					
Firm/Company		_			
3109 Grand Avenue #296					
Address		_			
Coconut Grove, FL 33133					
City/State and Zip Code		_			
mvento181@gmail.com					
E-mail address: (to be used for future annu	ial report notif	ication)			
For further information concerning this matter, p	please call:				
Mitchell Vento	786	298-6441			
Name of Person	\	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
<b>☑</b> \$25 Filing Fee	<b>□</b> \$5	55 Filing Fee & Certified Copy			
INHS18 (2/14)					

## 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.

1. N	ame of the limited liability company:	estmer	nts, LLC	
2. (a)	3109 Grand Avenue	 (1	3109 G	rand Avenue
<b>-</b> . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	``		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#296	_	#296	
	Coconut Grove, FL 33133	_	Coconu	t Grove, FL 33133
	4/22/2009		L090000	38946
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida Mitchell T Vento	4.		Document number
J. ( <b>L</b> )	Registered Agent and Registered Office shown on the records of the 1270 NW 165th Street	ne Florid	a Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET A Suite 100	DDRESS)		- 4 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(b)	Miami FL	33169		ALTERNATION OF THE STATE OF THE
	Mitchell T Vento			5 <b>A</b>
, ,	Enter name of NEW Registered Agent and/or NEW Registered (	Office ad	ldress:	9 IS
	NEW Registered Office Address:		<del></del>	_
	3109 Grand Avenue #296			_
	Coconut Grove	33133		_
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the I	the regi bility co f the lin	stered offic ompany, it nited liabili liability coi	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
	$\overline{A}$		1	M. tchell Ver to Printed or typed name of signee
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address. I h d'in writing of this change.	ee to ac perform for in ( ereby c	t in this cap cance of my Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent