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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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J. SAULSBERRY EXAMINER

OCT 25 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Rem (1) Name of I	SA JAVESTMENT LLC Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
SANDRA VALEN 2UE Name of Person	<u>LA</u>
PEM USA INVESTMEN	TUC E
1260 MAJESTY TER	PACE AM
City/State and Zip Code)
E-mail address: (to be used for future annual report n	
For further information concerning this matter	er, please call:
SANDRA VALEUZUELA Name of Person	at (954) 970 - 3462 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	ia amoint.

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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:PEM_	USA INVESTMENT LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	1260 Najesty Terraco Weston, FL 33327
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1260 Majesty Tenaco Weston, Fr. 33327
03/25/7013	L09000065906
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:	Sandra Walenzuela
Registered Office Address:	1260 Majesty Tenaco Walon, FL 39327
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1260 Majory Terraco
	"FL 333 27
If the limited liability company is not organized under the legistered that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or
Signature of a member at thorized representative of a member	
JULIO Mackliff	\$3.4 6 ;
Printed or typed name of signee	80
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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