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(Requestor's Name)				
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(Business Entity Name)				
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C. LEVVIS

SEP 3 2014

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	MAYAIMIS INVESTMENTS	LLC				
CCBCL	Name of Limited Liability Company					
Dear Si	ir or Madam:					
The en	closed Registered Agent/Registered Offic	e Change and i	fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the f	following:			
lleana	a Marrero Rodriguez, Esq.					
	Name of Person		_			
Lusky	/ & Rodriguez, P.A.					
	Firm/Company		_			
770 F	Ponce De Leon Boulevard, Suite 30)6				
•••	Address		_			
Coral	Gables, FL 33134					
	City/State and Zip Code		_			
	guez@jlirlaw.com					
E	E-mail address: (to be used for future annu	ial report notifi	cation)			
For fur	ther information concerning this matter, p	please call:				
lleana	a Marrero Rodriguez	305	442-1245			
	Name of Person		Area Code & Daytime Telephone Number			
10000000000000000000000000000000000000	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314			
	Enclosed is a check for the following	amount:				
	□ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			
	3 (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. Na	me of the limited liability company: MAYAIMIS I	NVESTME	NTS, LLC.
2. (a)		(b)	
_ , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12220 Murphy Road, #O	S	ame as principal office address
	Stafford, Texas 77477	_	
	10/05/2009	L0	9000095781
3.	Date of filing/registration in Florida	- 4	Document number
5. (a)	Marcelo Carpovich		
3. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dep	ot. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 14001 NW 8th Street	TADDRESS)	
	Sunrise	33325	——
(b)	Lusky & Rodriguez, P.A. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addres	26 PH 3: 4:
	NEW Registered Office Address:		
	770 Ponce De Leon Boulevard, Suite 306		
	Coral Gables	_L 33134	
the cha agent v was/we the arti-	imited liability company is not organized under the lange or change are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization of the operating agreement of the ture of a member of the appointment as registered agent and agents of all statutes sklative to the proper and completely reflect a change in the registered office address,	of the register liability comp of the limited the limited liab Rafae	ed office and the business office of the registered cany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company. I L. Gomez Acosta Printed or typed name of signee This canacity. I further garge to comply with the
notifie 	d in writing of this change. My Casy ore of Registered Agent ()		., ., .,