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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Momi & Momi Investments LLC Name of Limited Liability Company		
Name of Entiriou Elability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Sam Levi		
Name of Person		
Momi & Momi Investments LLC		
Firm/Company		
10050 Spanish Isles Blud, E14 Address		
Address		
Boca Raton, FL 33498		
City/State and Zip Code		
rmm cabinets @gmail.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Sam Levi ai 954, 588 6353		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section		
Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassce, Florida 32301		
Enclosed is a check for the following amount:		
■ \$25 Filing Fee		

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

Florida	
1. Na	me of the limited liability company: Momi & Momi Investments LLC
	10050 Spanish Isles Blud, E14 (b) Same
_, ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Boca Raton, FL 33498
	10/13/09 40900098568
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Mrs Sharona Levi
()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: $131 \text{ WW} 13 \text{ ft} 5 \text{+}$
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Suite 36
	Boca Raton , FL 33432 The Sharona Levi
(b)	Sharona Levi Enter name of NEW Registered Agent and/or NEW Registered Office address:
(-)	
	10050 Spanish Isles Blvd. 智俊
	NEW Registered Office Address:
	Boca Raton , FL 33498
the cha agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	58 Sharona Levi
	ure of a member or authorized representative of a member Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.

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

Signature of Registered Agent