## 109000098568

(Requestor's Name)					
(Address)					
(Address)					
(City/	State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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FILED
SECRETARY OF STATE

K. SALY JUN - 7 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Momi + Momi Investments LLC  Name of Limited Liability Company
Name of Limited Liability 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:
Sundayi
Sam Le v i Name of Person
Momi & Mome Investment SLLC
Firm/Company
1616 NW 2nd Ave
Address
Boca R. fon, FL 33432 City/State and Zip Code
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 at ( 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
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuani 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.

Name of the limited liability company:	Momit.	Mo mi	In	vestmen+s	LLC
2. (a) 1616 NW 2nd 1	Ave	_ (b)			
Principal office address of limited liability  (Note: MUST BE STREET ADD  Boca Re, Fun FL 3	DRESS)	<u> </u>		Mailing address of limited	
		_		<u> </u>	
10/13/2009			4	090000	98568
3. Date of filing/registration in Fl	lorida	4.		Document number	<del></del>
5. (a) Sharona Le	vi				
Registered Agent and Registered Office shown of		e Florida Dep	t. of Sta	ate:	
10050 Spanis	h Isles	s Blv	d		
Registered Office Address (MUST BE FLO.				_	<b>~</b> 3
E 14				Ā	
Born Raton	, FL	334	98	-   Par	FILE SECRETAS
(b) Sharona Lei	vi				
Enter name of NEW Registered Agent and/or N	NEW Registered C	Office address	<u> </u>	_	FES
1616 NW 2nd	1 Ave	·			PH 1:59 FE. FLORIDA
NEW Registered Office Address:				_	
Boca Raton	, FL_	334	32	<del>-</del>	
If the limited liability company is not organized the change or changes are made, the Florida stragent will be identical. Or, in the case of a Flowas/were authorized by an affirmative vote of the articles of organization or the operating agr	reet address of to rida limited liab the members of	he registere pility compa the limited	ed officany, it is liability con	ce and the business off is hereby confirmed the ty company or as othe	ice of the registered at the change(s)
Signature of a member or authorized representative of a	a member			Printed or typed name of	Signee
I hereby accept the appointment as registered provisions of all statutes relative to the proper the obligations of my position as registered agt to merely reflect a change in the registered offinotified in writing of this change.	agent and agre	e to act in t performance for in Chap ereby confir	his cap e of my oter 60, rm that	nacity I further agree	to comply with the
5/					
Signature of Registered Agent					