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EXAMINER



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TAULANASSES ELONDA

COVER LETTER

TO: Registration Section Division of Corporations	•			
SUBJECT: MOSAIC INVESTMENT GROUP LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.			
Please return all correspondence concern	ing this matter to the following:			
•				
BARBARA LAMBERT				
Name of Person				
JUSTIN-CRAIG LTD., INC.				
Firm/Company				
3870 AMALFI DRIVE	<u> </u>			
Address				
HOLLVMOOD EL 330				
HOLLYWOOD, FL 330 City/State and Zip Code	72.1			
BARBARA.LAMBERT@GM. E-mail address: (to be used for future annual rep	AIL.COM port notification)			
For further information concerning this t	natter, please call:			
BARBARA LAMBERT	at (954) 989-7693			
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 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			



September 1, 2010

BARBARA LAMBERT JUSTIN-CRAIG LTD., INC. 3870 AMALFI DRIVE HOLLYWOOD, FL 33021

SUBJECT: MOSAIC INVESTMENT GROUP LLC

Ref. Number: L10000006522

We have received your document for MOSAIC INVESTMENT GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 310A00021006

www.sunbiz.org

Division of Communitions D.O. DOV 0207 Mellaharras Florida 2021

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: MOS	SIAC INVESTMENT GROUP LLC
2. (a) Principal office address of limited liability compa	any: 310 E RIVO ALTO DR
(Note: MUST BE STREET ADDRESS)	MIAMI BEACH, FL 33139
(b) Mailing address of limited liability company:	310 E RIVO ALTO DR
(Note: MAY BE POST OFFICE BOX)	MIAMI BEACH, FL 33139
01/19/2010	L10000006522
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	•
Registered Agent:	STEPHANE VANNIER DE LANGRE
Registered Office Address:	310 E RIVO ALTO DR MIAMI BEACH, FL 33139
	MIAMI BEACH, FL 33 139
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	EW Registered Office address: 310 E RIVO ALTO D
MUSI BE PLORIDA STREET ADDRESS	MIAMI BEACH ,FL 33139
If the limited liability company is not organized under the confirmed that after the change or changes are made the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote nerwise provided in the articles of organization
STEPHANE VANNIER DE LANGRE Printed or typed name of signee	— 36
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited ligibility comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.