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Division of Corporations

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From:

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone : (305)381-8108 : (305)381-8109 Fax Number

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LLC REGISTERED AGENT CHANGE OLIVIA INVESTMENTS, LLC

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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.

rtorida.	me of the limited liability company: OLIVIA IN	VESTMENTS, LLC	_
i, (Nat	the of the finited righting company.	(b)	_
2, (a) _	Principal office address of limited liability company:	Nulling address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	(Note: MUST BE STREET ADDRESS) 2655 S LEJEUNE ROAD, SUITE 522	2655 S LEJEUNE ROAD, SUITE 522	
	CORAL GABLES, FL 33134	CORAL GABLES, FL 33134	_
	COLORE CYRECOL & COLOR		_
	4/28/2010	L10000045289	_
3.	4/28/2010 Date of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on the recor		
	URDANETA, JUAN V		
	Registered Office Address (MUST BE FLORIDA STR.	FET ADDRESS)	
	2655 S LEJEUNE ROAD, SUITE 522		
	CORAL GABLES	Hered Office address:	7
		04 (
(b)	Enter name of NEW Registered Agent and/or NEW Regi	stered Office address:	1
	Enter nume of Serv Bendstries (1889)		-
	GEOFFREY M. WAYNE		5
	NEW Registered Office Address:		Q.
	135 SAN LORENZO AVE., PH 840		
	CORAL GABLES	, FL 33148	
the chagent was/vethe or Sign I her provi	will be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the mem ticles of organization or the operating agreement way. **Community** **Communit	the laws of the State of Florida, it is hereby confirmed that after ess of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) bers of the limited liability company or as otherwise provided it of the limited liability company. Mayela Camacho, Manager Printed or typed name of signee and agree to act in this capacity. I further agree to comply with an agree to performance of my duties, and I am familiar with and according for in Chapter 605, F.S. Or, if this document is being fixess, I hereby confirm that the limited liability company has been	1
Signa	anute of Registered Agent		
	Division of Corporations FIL	P.O. Box 6327 • Tallabassee, FL 32314 ING FEE: \$25.00	