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EXAMINER

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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJ		ROPERTIES OF SOUTH FLORIDA Limited Liability Company
	· · · · · · · · · · · · · · · · · · ·	o de la companya de
Dear 9	Sir or Madam:	0
The er	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the following:
	MARIA C MARTINEZ	
	Name of Person	
INVE	STMENT PROPERTIES OF SOU	TH FLORIDA
	Firm/Company	
	10659 BUTTONWOOD LAKE [DRIVE
	BOCA RATON FLORIDA 33 City/State and Zip Code	498
E-	LSERNA81@HOTMAIL.CC	om notification)
For fu	rther information concerning this mat	ter, please call:
	MARIA C MARTINEZ	_ at (954)6016004
	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 2661 Executive Center Circle	P.O. Box 6327
	Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the followi	ng amount:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO:

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: <u>INVESTME</u>	NT PROPERTIES OF SOUTH FLOE
2. (a) Principal office address of limited liability compan	y: 1930 NW 18TH STREET
(Note: MUST BE STREET ADDRESS)	BAY #10 POMPANO BEACH FLORIDA 33064
(b) Mailing address of limited liability company:	1930 NW 18TH STREET
(Note: MAY BE POST OFFICE BOX)	BAY #10 POMPANO BEACH FLORIDA 33064
05/04/2010	L10000047869 👍 🎉
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State
Registered Agent:	MARIA C MARTINEZ
Registered Office Address:	1930 NW 18TH STREET BAY #10 POMPANO BEACH FLORIDA 33064
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	W Registered Office address:
(MUST BE FLORIDA STREET ADDRESS)	BOCA RATON ,FL33498
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited trability company. Signature of a member or authorized representative of a member	lorida street address of the registered office
MARIA C MARTINEZ Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the prand I am familiar with and accept the obligations of my particle to the provision of the pr	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in early reflect a change in the registered office y has been notified in writing of this change.
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314

FILING FEE: \$25.00