

L10000053880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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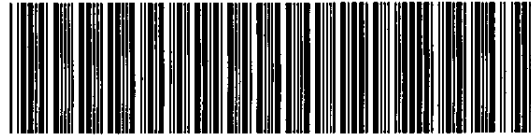
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

FEB 21 2012

EXAMINED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INVESTCOUNSEL LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000053880

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRMA V. HERNANDEZ
Name of Person

HERNANDEZ SUAREZ PL
Name of Firm/Company

215 W. 49TH ST.
Address

HIALEAH, FL. 33012
City/State and Zip Code

IHERNANDEZ@MIAMILAWGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRMA V. HERNANDEZ at (305) 790-8192
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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: INVESTCOUNSEL LLC

2. (a) Principal office address of limited liability company: 1717 N BAYSHORE DR. # 1047

(Note: **MUST BE STREET ADDRESS**)

MIAMI, FL. 33132

(b) Mailing address of limited liability company:

1717 N BAYSHORE DR. # 1047

(Note: **MAY BE POST OFFICE BOX**)

MIAMI, FL. 33132

05/19/2010

3. Date of filing/registration in Florida

4. Document number

L10000053880

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

HANS-JUERGEN R. KLEMM

Registered Office Address:

1900 NORTH BAYSHORE DR. # 4601

MIAMI, FL. 33132

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

IRMA V. KLEMM-HERNANDEZ

NEW Registered Office Address:

1717 N BAYSHORE DR. # 1047

(**MUST BE FLORIDA STREET ADDRESS**)

MIAMI, FL. 33132

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

HANS-JUERGEN R. KLEMM

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

IRMA V. KLEMM-HERNANDEZ

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00