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J. SAULSBERRY EXAMINER MAR 28 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

GOLDEN HORSE INVESTMENTS LLC

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:

Bob C. Arnold

Name of Person

The Victoria Law Group

Firm/Company

1200 Brickell Ave, Suite 1450

Address

Miami, FL 33131

City/State and Zip Code

Bob@thevictorialawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob C. Arnold

_{at} 305

515-5599

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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\$TATEMENT 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.

| ageni, or both, in the state of Fronta. | | | | |
|--|--|---|--|--|
| 1. Name of the limited liability company: GOLDEN H | ORSE INVESTMENT LLC | ·········· | | |
| 2. (a) Principal office address of limited liability co | ompany: 2525 SW 27 Ave Suite 201 Miami, FL 33133 | | | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 2525 SW 27 Ave Suite 2012 Miami, FL 33133 | Suite 2012 | | |
| 06/14/2010 | L10000063210 | | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | |
| 5. (a) Registered Agent and Registered Office show | wn on the records of the Florid | la Dept. of | State: | |
| Registered Agent: | Victoria Law Group | | | |
| Registered Office Address: | 801 Brickell Ave | \mathbb{A}_{2} | 201 | |
| | Suite 90 | | نب | |
| | Miami, FL 33131 | | <u> </u> | j |
| (b) Enter name of <u>NEW Registered Agent</u> and/ | or NEW Registered Office ac | ~_* * * | R 27 AM | (7) |
| NEW Registered Agent: | The Victoria Law Group | <u>– – 00</u> | - 6 | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1200 Brickell Avenue Suite 1450 | | 20 | |
| MOST DE PLORIDA STREET ADDRES. | Miami | EI. | 33131 | |
| If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the chathe members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company. | , the Florida street address of the identical. Or, in the case of ange(s) was/were authorized by therwise provided in the articles. | the registere a Florida lii y an affirma | ed offi mited ative v | ote of |
| Printed or typed name of signee I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, Lhereby confirm that the limited liability considered Registered Agent | t and agree to act in this capac the proper and complete perfo my position as registered age I to merely reflect a change in ompany has been notified in w | city. I furth ormance of nt as provid the registe riting of the | er agr my du ded foi red off is chär | ree to ties, r in lice lige. |

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

FILING FEE: \$25.00 INHS18 (05/08)