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Office Use Only



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T. HAMPTON

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**EXAMINER** 

## **COVER LETTER**

Division of Corporations	
	INTERNATIONAL INVESTMENT LLC
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
ROLANDO A. QUINTER	20
LIBERTY GROW INT. INVE	STMENT LLC.
11509 DELWICK DRIVE	<u>.                                    </u>
WINDEAMERE FL 34* City/State and Zip Code	786.
Folando quintero 276 E-mail address: (tabe used for future annual report n	hotmail. com.
For further information concerning this matter	er, please call:
	at (1407) 7335794
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the followin	ng amount:
<b>  √</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO: Registration Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOJH 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: LIBERY C	FROW INTERNATIONAL INVESTMENTS
2. (a) Principal office address of limited liability company	11509 Derwick DR.
(Note: MUST BE STREET ADDRESS)	WINDERMERE, FL B4786.
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
5. (a) Registered Agent and Registered Office shown on t Registered Agent:	he records of the Florida Dept. of State:  ROLANDO A. QUINTERO.
Registered Office Address:	11509 DELWICK DR. WINDERMERE FL. 84786 -
	EDUARDO DOS RAMOS ROCHA  11509 DELWICK DRIVE  WINDERMERE.  FL 34786.
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmation wise provided in the articles of organization of the case of the case of the case of organization of the case of t
Printed or typed name of signee  I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proand I am familiar with and accept the obligations of my post Chapter 6/18/F. S. Or, if this document is being filed to mer address, the public company	gree to act in this capacity. I further agree to per and complete performance of my duffes, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent  Division of Corporations, P.O. Box 632	27, Tallahassee, FL 32314

**FILING FEE: \$25.00**