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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Sasmood Linety Harrie)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
A. LUNT	
MAY 18 2010	
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COVER LETTER

Division of Corporations	
SUBJECT: GINVIN INV	VESTMENTS, LLC
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Register	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
PICUALD & CIRVIN	
RICHALD B. GIRVIN Name of Person	
KINSIN INVESTMENTE	ZOIL MAY 13 PH 2:
GINVIN INVESTMENTS CO	
7640 HEATHELD CT.	7
7640 HEATHFIELD CT.	
	mps —
HINNERHAND FI	21/2101
UNIVERSITY PARK, FL City/State and Zip Code	7 7 201
dpgirvin @ AOL, COM	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this r	natter, please call:
4	/ t
Juhad B. Smia	. 041 > 250- 9096
Name of Person	at (947) 358-8896 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the follo	owing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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: GINVIN	I INVESTMENTS, LLC
2. (a) Principal office address of limited liability compan	
(Note: MUST BE STREET ADDRESS)	UNIVERSITY PARK, FR 34201
(b) Mailing address of limited liability company:	7640 HEATHFIELD CT.
(Note: MAY BE POST OFFICE BOX)	UNIVERSITY PARK, FL 34201
8/23/2010	L 100000 87940
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:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS ST. 20 8
	TALLA HASSEE, FL 32301 US
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent:	RICHARD B. GIRVIN 3
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7640 HEATHFIELD CT
	UNIVERSITY PARK ,FL 34201
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 othe or the operating agreement of the limited liability company.	Florida street address of the registered office
RICHARD B. GIRVIN	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 508, F.S. Or, if this document is being filed to me address I hereby confirm that the limited liability compan	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00