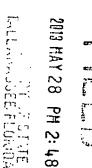
## L110000023415

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## **COVER LETTER**

TO: Registration Section Division of Corporations	No.
SUBJECT: CENTURIA PROPERT	TY INVESTMENT LLC ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
OSRLOS J. O. DRRION Name of Person	<u></u>
CENTURIA PROPERTY INVESTMENT	
7320 NW 114 th SUE, APT 104, DOE	
Address	MAY 28 PH 2: 48
DORAL, FL 33178  City/State and Zip Code	
	1.15. 1.15. 1.25.
Centuris be Damail. Com  E-mail address: (to be used for fluore annual report notification)	<b>8</b> 31.
E-mail address: (to be used for fluttre annual report notification)	<del></del>
For further information concerning this matter, please of	call:
Name of Person at (78	P6 271-5859  Area Code & Daytime Telephone Number
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	f:

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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.

g , , - ,	
1. Name of the limited liability company:	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	DORAL, FC 33178
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	7320 NW 114th DUE Apt. 104 DORK, FC 33178
FEBRUARY 2A, 2011  3. Date of filing/registration in Florida	L 11000023415
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:	CARLOS J. CORRION MBR.
Registered Office Address:	9735 NW 5220 ST APT 511 DURAL, FL 33178
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b>	
NEW Registered Agent:	CARLOS J. CARRION MBR.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7320 NW 114 H LIVE, APT 104
	10KK ,FL 33178
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fland the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	lorida street address of the registered office
. /	train of the state
CARLOS J. CARRION	_
Printed or typed name of signee	81.2 C
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.
Cimputon of Bosister of A	

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