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| (Re | questor's Name) | | | | |
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| (Ad | dress) | | | | |
| . (Cit | ry/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |

Special Instructions to Filing Officer:

A. LUNT

JAN 25 2011

EXAMINER

Office Use Only



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COVER LETTER

| SUBJECT: | _59 | 01 IN\ | /ESTMEN | NT LLC | | |
|--|-------------------------------------|--|---|------------------------|---------------|---------------------------|
| | Name o | f Limite | d Liability C | Company | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registered | d Agent/Registered | i Office | Change and | fee(s) are submitte | d for filing. | |
| Please return all corresp | ondence concernir | ng this m | natter to the | following: | | |
| | T D | | | | | |
| | Tina Rodriguez Jame of Person | | | | ون کنو | 20 |
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| Н | larper Meyer | | | | inis Rai | |
| | irm/Company | | | | | 45 |
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| Miami Center - Sui | te 800, 201 S. Bi | scayne | Blvd. | | 25 25 | డ్లు |
| | Address | | | | S. | 6 |
| | | | | | | |
| | ami, FL 33131 State and Zip Code | | | | | |
| Chyre | nate and Dip Code | | | | | |
| trodriguez E-mail address: (to be use | z@harpermeyer.c | com | | | | |
| E-mail address: (to be use | d for future annual repor | rt notification | on) | | | |
| For further information | concerning this ma | atter, ple | ase call: | | | |
| Ms. Tina R | odriguez | at (_ | 305) | 577-34 | 43 | |
| Name of Pe | rson | - | Area (| Code & Daytime Telepho | ne Number | |
| STREET/COUR | IER ADDRESS: | | MAILIN | G ADDRESS: | | |
| Registration Section | | Registration Section | | | | |
| Division of Corpo | rations | Division of Corporations P.O. Box 6327 | | | | |
| Clifton Building 2661 Executive Co | enter Circle | | P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Tallahassee, Florid | | | 1 611611633 | , I wilde Jasi T | | |
| Enclosed is a ch | eck for the follow | ing amo | ount: | | | |
| \$25 Filing Fee | e | | \$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: | 5901 INVESTMENT LLC |
|--|--|
| 2. (a) Principal office address of limited liability compar | ny: Miami Center - Suite 800 |
| (Note: MUST BE STREET ADDRESS) | 201 S. Biscayne Blvd. Miami, FL 33131 |
| (b) Mailing address of limited liability company: | Miami Center - Suite 800 |
| (Note: MAY BE POST OFFICE BOX) | 201 S. Biscayne Blvd. Miami, FL 33131 |
| 04/27/2011 | L11000049908 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown or | the records of the Florida Dept. of State: |
| Registered Agent: | Sofia Powell-Cosio, P.A. |
| Registered Office Address: | 1900 S. W. 3rd Avenue Miami, FL 33129 |
| (b) Enter name of NEW Registered Agent and/or NE | W Registered Office address |
| NEW Registered Agent: | GEORGE R. HARPER |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | Miami Center - Suite 800 201 S. Biscayne Blvd. Miami ,FL33131 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. | laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization y. |
| Signature of a member or adthorized representative of a member , | - |
| LUIS ALBERTO FUENMAYOR | |
| 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 608, F.S. Or, if this document is being filed to me address, I hereby confignt 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 y has been notified in writing of this change. |

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

Signature of Registered Agent