## LIIDOOO9042C

(R	equestor's Name)		
(Address)			
(Address)			
(C	ity/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
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J. SAULSBERRY EXAMINER

SEP 20 2011

## **COVER LETTER**

TO: Registration Section

INHS18 (5/08)

Division of Corporations			
SUBJECT: LIEN ON ME J Name of Limited I	-NVESTMENT- Liability Company	5, L.L.	.C.
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for	·filing.	
Please return all correspondence concerning this mate	ter to the following:		
Luis E. TORRES			
LIEN ON ME INVES		<u></u>	
1925 DOLPHIN Address	DA.		
POINCIANA FL 3475 City/State and Zip Code	-9_	ZOII SEP I SECRETA TALLAHAS	7
STORRES 57 @ VAHO  E-mail address: (to be used for future annual report notification)	o. Com	19 AM 8: 34 RY OF STÀTE SEE, FLORIDA	
For further information concerning this matter, please	e call:	B: 34 IATE ORIDA	
SONIA TORRES at (8	263) 496 - 2463 Area Code & Daytime Telephone Nu	2 umber	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amou	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
\$25 Filing Fee	\$55 Filing Fee & Certified Co	ру	
	<b>→</b>		

## 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.

agent, or both, in the state of Piortaa.	
1. Name of the limited liability company: <u>LIEN</u> 0	N ME INVESTMENTS, LLC
2. (a) Principal office address of limited liability compan	y: 1925 DOLPHIN DR.
(Note: MUST BE STREET ADDRESS)	PoinciANA, FL 34759
(b) Mailing address of limited liability company:	POST OFFICE BOX 584450
(Note: MAY BE POST OFFICE BOX)	Kissimmee, FL 34758
08/05/2011  3. Date of filing/registration in Florida	L 11000090420  4. Document number
5. (a) Registered Agent and Registered Office shown on	
	UNITED STATES CORPORATION AGENT
Registered Office Address:	13302 WINDING DAK COURT SWITE A TAMPA, FL 33612
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	Luis E. TORRES
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1925 DOLPHIN DR. POINCIANA ,FL 39759
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change(sof the members of the limited liability company or as other or the operating agreement of the limited liability compants.  Signature of a member or authorized representative of a member  TORRES  Printed or typed name of signee  I hereby accept the appointment as registered agent and the confirment agent agent and the confirment agent age	Florida street address of the registered office nical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles organization by.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my processes. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compand	roper and complete performant Pof nitauties, osition as registered agent as Provided for in erely 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