L11000090783

(Requestor's Name)					
(Address)					
(Address)					
(City	//State/Zip/Phone	e #)			
<u></u>	WAIT	_			
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE
DIVISION OF SORPORATION

RA/RO/Ch8

COVER LETTER

Registration Section

TO:

` Divi	sion of Corporations		•		
SUBJECT:	Pomerol Investments LLC				
SOBGLET.	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Of	fice Change and fo	ee(s) are submitted for filing.		
Please return	all correspondence concerning th	nis matter to the fo	ollowing:		
Robert Re	eiter				
	Name of Person		-		
Pomerol II	nvestments LLC				
	Firm/Company		_		
233 S. Fe	deral Hwy., Suite # 108				
	Address		_		
Boca Rate	on, Florida 33432				
	City/State and Zip Code		_		
bob@gfer	ealty.com				
E-mail	address: (to be used for future and	nual report notific	ation)		
For further i	nformation concerning this matter	, please call:			
Robert Re	eiter	561	361-0200		
	Name of Person	ut (Area Code & Daytime Telephone Number		
Reg Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Regi Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enc	losed is a check for the following	g amount:			
☑ \$	25 Filing Fee	□ \$55	Filing Fee & Certified Copy		
INHS18 (2/14	4)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

l. Na	me of the limited liability company: Pomerol In			
2. (a)	233 S. Federal Hwy., Suite # 108	233 S. Federal Hwy., Suite	eral Hwy., Suite # 108	
<i>_</i> . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited li	ability company:
	Boca Raton, Florida 33432		Boca Raton, Florida 33432	<u> </u>
	08/08/2011	 .	L11000090783	
3.	Date of filing/registration in Florida	4.	Document number	•10
5. (a)	Corpag Registed Agents (USA), Inc.			
J. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS	1	70 V 10
	Miami	, FL_33131		ISION ISION
(b)	Robert Reiter			SECRETARY DIVISION OF ROS 2015 APR 10
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	red Office add	Iress:	PH 2: 1
				2: 13
	NEW Registered Office Address:			~
	233 S. Federal Hwy., Suite # 108			
	Boca Raton	_{FL} 33432		
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street in the control of the control	laws of the of the regis I liability co rs of the lim the limited I	tered office and the business offic mpany, it is hereby confirmed that ited liability company or as other	ce of the registere it the change(s)

Maria Isabel Villalobos Orona Villalobos Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change

Signature of Registered Agent