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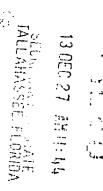
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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12/27/13--01010--004 **25.00





Statement of Change of Registered Office or Registered Agent or Both for Limited **Liability Company**

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE: 12/19/2013 FLORIDA

REP UNIT:

AA INVESTMENT MANAGEMENT

LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #24667 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

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: AA INVESTMENT MANAGEMENT LLC | |
|--|---|
| 2. (a) Principal office address of limited liability compa | 4040 Dank Avanua |
| (Note: MUST BE STREET ADDRESS) | Miami Beach, FL 33139 |
| (b) Mailing address of limited liability company: | 1940 Park Avenue |
| (Note: MAY BE POST OFFICE BOX) | Miami Beach, FL 33139 |
| 11/1/2011 | L11000124500 |
| 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: | Adrian Alexandru |
| Registered Office Address: | 1940 Park Avenue |
| <u>1</u> | Miami Beach FL 33139 |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | |
| NEW Registered Agent: | Capitol Corporate Services, Inc. |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 155 Office Plaza Drive, Suite A |
| | 100 011100 1 1020 01110 1 |
| 13/4 Victor and a Company of Automatic Special | Tallahassee , FL 32301 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. | Tallahassee , FL 32301 e laws of the State of Florida, it is hereby Florida street address of the registered office for the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other members of the limited liability company or as other limited liability company | Tallahassee , FL 32301 e laws of the State of Florida, it is hereby Florida street address of the registered office intical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization iny. |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company. Signapher of a member or authorized representative of a member | Tallahassee , FL 32301 e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny. |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member ADRIAN ALEXANDRU Printed or typed name of signee | Tallahassee , FL 32301 e laws of the State of Florida, it is hereby Florida street address of the registered office intical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization iny. |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company. Signapher of a member or authorized representative of a member | Tallahassee , FL 32301 e laws of the State of Florida, it is hereby Florida street address of the registered office intical. Or, in the case of a Florida limited (a) was/were authorized by an affirmative vote erwise provided in the articles of organization my. agree to act in this capacity. I further agree to proper and complete performance of my auties, position as registered agent as provided for in merely reflect a change in the registered office my has been notified in writing of this change. |

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

X