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DIVISION OF CORPORATIONS

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12/5/14

COVER LETTER ,

TO: Registration Section Division of Corporations					
SUBJECT: Investment, LLC Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Alan Tuchman					
Name of Person					
In dependent Invistants, LLC Firm/Company					
7686 NN 116 LANC					
Address					
Parkland Florida 33576 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Alan Tuchman at (954) 729-7916 Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: 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:					
\$55 Filing Fee & Certified Copy					
INH\$18 (2/14)					

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 Florida.

1. Name of the limited liability company	y: Indepen	dest	Investment	S,LLC		
2. (a) 7686 NW 116 LANC		(b)_		7686	WW 116L	Ac
Principal office address of limited (Note: MUST BE STREE				address of limited : MAY BE POST		
Park land Florid) <u> </u>		Q _A	uklu -Pou	·O.	
7357	6	_	\ \$	(100	3206	
		_			∠/داردر	
01/20/2012			412000	0009774		,
3. Date of filing/registration	in Florida	4.	Docui	ment number		
5. (a) COLOR COLOR Registered Agent and Registered Office s	us Network, I	JC Florido Do				
	0 4.	arionda De Art ⊑	pr. or state.			
Registered Office Address (MUST B)	E FLORIDA STREET AD	DRESS)				
PAIM Beach (Miles , FL	334/)			
11 T					140	SEG
(b) HHW UCONKA Enter name of NEW Registered Agent a	nd/or NEW Registered O	ffice addre	SS:		030	오품
			_		8	ARY CO
7686 NW 116 LA	<u> </u>				PM	구구 음
NEW Registered Office Address:					မှ 2	RY OF STATE CORPORATIONS
^					.	2
PAIKLAL	.FL	370	16			
If the limited liability company is not org the change or changes are made, the Flor agent will be identical. Or, in the case of was/were authorized by an affirmative vo the articles of organization or the operation	ida street address of the a Florida limited liabote of the members of	ne registe ility com the limite	red office and to pany, it is hereb d liability comp	he business off by confirmed the pany or as othe	ice of the repart the change	gistered e(s)
Signature of a merpher of authorized representat	tive of a member		Alaw y	d or typed name o	fsionee	
I hereby accept the appointment as regis provisions of all statutes relative to the pithe obligations of my position as register to merely reflect a change in the register notified in writing of this change. Signature of Registered Agent	tered agent and agree	e to act in erforman for in Ch reby conj	this capacity.	I further agree	e to comply w	vith the l accept ng filed been