L12000011109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC 10 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MINVEST USA, 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:

GEOFFORY LECAT
Name of Person

MINVEST USA, LLC
Firm/Company

2550 SOUTH BAYSHORE DRIVE
SUITE 208 Address

COCOUT GROVE, FL 33133
City/State and Zip Code

GEOFFORY.LECAT@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEOFFORY LECAT at (305) 640-5417
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:

■ $25 Filing Fee

❑ $55 Filing Fee & Certified Copy

INHS18 (5/08)

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: MINVEST USA, LLC

2. (a) Principal office address of limited liability company: 2550 SOUTH BAYSHORE DRIVE, SUITE 208
COCONUT GROVE, FL 33133
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 2550 SOUTH BAYSHORE DRIVE, SUITE 208
COCONUT GROVE, FL 33133
(Note: MAY BE POST OFFICE BOX)

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2012 DEC 17 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/24/2012
3. Date of filing/registration in Florida

L12000011109
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: MOYAL, PATRICK

Registered Office Address: 10796 PINES BLVD SUITE 204 PEMBROKE PINES FL 33026

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: GEOFFORY LECAT

NEW Registered Office Address: 2550 SOUTH BAYSHORE DRIVE, SUITE 208
(MUST BE FLORIDA STREET ADDRESS) COCONUT GROVE, FL 33133
,FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

attorney for
Signature of a member or authorized representative of a member MINVEST USA, LLC

JEFFREY S. BOVARNICK, ESQ.
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 608, 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

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

INHS18 (05/08)