## L12000039396

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE

JUN 1 9 2012 EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 7, 2012

WILNER DORVELUS / COLOMBIA INVESTMENTS 539 SW SUNDANCE TRAIL PORT ST LUCIE, FL 34953

SUBJECT: COLOMBIA INVESTMENTS LLC

Ref. Number: L12000039396

We have received your document for COLOMBIA INVESTMENTS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6051.

Letter Number: 312A00013660

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

Division of Corporations					
SUBJECT: Colombia In  Name of Limited Liability	vestment				
Name of Lumted Liability	ty Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to t	the following:				
Wilner Doruelus Name of Person	<del>-</del> .				
Colombia Investment					
539, SW Sundana Trail					
PORT-ST-LUCIE FL. 340 City/State and Zip Code	753				
Dieudonne 1000 hotmail. C E-mail address: (to be used for future annual report notification)	<u>0</u> 777				
For further information concerning this matter, please call:					
Willer Doruelus at 772	-/				
2	Area Code & Daytime Telephone Number				
	ILING ADDRESS:				
D1 1 1 = 00 - 1	istration Section sion of Corporations				
Clifton Building P.O.	Box 6327				
2661 Executive Center Circle Talla Tallahassee, Florida 32301	ahassee, Florida 32314				
Enclosed is a check for the following amount:					
\$25 Filing Fee \$55	5 Filing Fee & Certified Copy				

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

Pursuant	to the	provisions	of sections	608.416 o	r 608,508,	Florida	Statutes,	the u	ındersign	ed limite	ed
liability c	ompan	v submits ti	hĕ following	statement	in order to	) change	its regist	ered	office ör	register	ed
agent, or	boih, ir	i the State of	of Florida. 🌷			_	•			0	

agent, or both, in the state of ribitad.	1
1. Name of the limited liability company: Columb	E
2. (a) Principal office address of limited liability company	: 539, SW Sundance Trail
(Note: MUST BE STREET ADDRESS)	Port- St-Lucie FL. 34953
(b) Mailing address of limited liability company:	539, SW Sundance Trail
(Note: MAY BE POST OFFICE BOX)	Port-St-Lucie FL.34953
12 March 20	12000039396
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Wayne A. Gould
Registered Office Address:	4330, West Browned Swite C Plantation FL 33317
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Wilner Oorvelus 539, SW Sundance Trail
If the limited liability company is not organized under the l	aws of the State of Florida, it is hereby orida street address of the registered office
confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	was/were authorized by an affirmative vote wise provided in the articles of offenization
Mount	- <del> </del>
Signature of a member or authorized representative of a member	MA A D
Printed or typed name of signee	- FLOGATION ID
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my po Chapter 608 F.S. Or, if this document is being filed to me address, Thereby confirm that the limited liability company	gree to act in this capacity Liver agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.
Signature of Registered Agent	EFE A C
Division of Corporations, P.O. Box 63	27. Tallahassee, FL 323FA

**FILING FEE: \$25.00**