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B. BOSTICK AUG **2** 8 2013

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations Inversiones Inrai 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: Jorge Heli Charry Name of Person Inversiones Inrai LLC 2669 Sabal Springs Circle 202 Clearwater, FL 33761 City/State and Zip Code .helicharry@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ana Katerine Dechener Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee □ \$55 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 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: INVERSIONES	INRAI LLC	
2. (a) Principal office address of limited liability com	monte 2860 SABAL SBBINIGG CIBCLE of	nn.
(Note: MUST BE STREET ADDRESS)	CLEARWATER, FL 33761	ue
(NORTH THOSE BE STATED THOSE STATED TO THE STATE STATED TO THE STATE STATED TO THE STATED THOSE STATED THO		
(h) Mailing addragg of limited liability commons	2600 CARAL CODINGS CIDCLE 19	· na
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2669 SABAL SPRINGS CIRCLE 20 CLEARWATER, FL 33761	
**************************************	140000044077	
MARCH 28, 2012 3. Date of filing/registration in Florida	L120000041357	
5. Date of fining/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida I	Dept. of State:
Registered Agent:	LAW OFFICE OF PATRICIA GOM	EZ, PA
Registered Office Address:	3802 EHRLICH ROAD, SUITE 101	
	TAMPA, FL 33824	
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office addr	ress 2
NEW Registered Agent:	ANA KATERINE DECHENER	27 SSH
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2650 COUNTRYSIDE BLVD.	9;
	APT. B 308	
	CLEARWATER	FL 39761 -1
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be it liability company, it is hereby confirmed that the change the members of the limited liability company of as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member JORGE HELI CHARRY, MGRM Printed or typed name of signee I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of many Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability company.	the Florida street address of the dentical. Or, in the case of a F ge(s) was/were authorized by a serwise provided in the articles any.	registered office lorida limited n affirmative vote of of organization or
Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability come that the limited liability come signature of Registered Agent	o merely reflect a change in the pany has been notified in writi	e registered office ng of this change.

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