112000043026

| (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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CINCIBALOR COMPORATIONS

JAN 18 2013

T. HAMPTON

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: L R V investments , 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: | |
| Maria M. Sanchez | | |
| Name of Person | | |
| Name of Feison | | |
| LRV Investments, LLC | | |
| Firm/Company | | |
| 9560 sw 107 ave #202 | <u> </u> | |
| Address | | |
| Miami , FL ,33176 | | |
| City/State and Zip Code | | |
| sanchezinv01@yahoo.com | | |
| E-mail address: (to be used for future annual report notification) | ation) | |
| For further information concerning this matter, please call: | | |
| Maria M. Sanchez | 305 873-8012 | |
| 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 | |

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: LRV Investments ,LLC | |
|---|--|
| 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | 3540 SW 129 AVE , miami , FL 33175 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | P. O. BOX 650812 , MIAMI, FL 33265 |
| 03/28/2012 | L12000043026 |
| 3. Date of filing/registration in Florida 4 | . Document number |
| 5. (a) Registered Agent and Registered Office shown on the | e records of the Florida Dept. of State: |
| Registered Agent: | PRICE,IRA B |
| Registered Office Address: | 9560 SW 107 AVE #202 , MIAMI FL 33176 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> | |
| NEW Registered Agent: | Maria M. SAnchez |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 3540 SW 129 AVE |
| | MIAMI ,FL 33175 |
| f the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flound the business office of the registered agent will be identic iability company, it is hereby confirmed that the change(s) when members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member of signee I hereby accept the appointment as registered agent and agrouply with the provisions of all statutes relative to the provision of all statutes relative to the provision of any positive of the confirming that the limited liability company is signature of Registered agent. Signature of Registered agent. | rida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of provided in the articles of organization or |
| Division of Corporations, P.O. Box 632' FILING FEE: \$25 | |

INHS18 (05/08)