1120000 87305

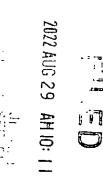
(Requestor's Name)					
(Address)					
(· · · · · · · · · · · · · · · · · · ·					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

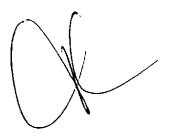
Office Use Only



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COVER LETTER

INHS18 (2/14)

TO:		stration Section sion of Corporations				
SUBJI	FCT.	MJM REAL ESTATE INVESTMEN	ITS LLC			
SOBOL	cci.	Name of Limited Liability Company				
Dear S	ir or M	1adam:				
The en	closed	Registered Agent/Registered Offic	e Change aı	nd fee(s) are submitted for filing.		
Please	return	all correspondence concerning this	matter to th	ne following:		
RICK !	MORE	NO				
		Name of Person				
SEA G	ROVE	REALTY				
-		Firm/Company				
2600 D	OUGL	AS ROAD, SUITE 304				
		Address	, <u>.</u>	 र		
CORA	L GAB	LES, FL 33134		6. C. 73.		
	-	City/State and Zip Code				
RMOR	ENO@	SEAGROVE.COM				
E	E-mail	address: (to be used for future annu	al report no	tification)		
For fur	rther in	nformation concerning this matter, p	lease call:			
RICK !	MORE	NO	305 at (726-8580		
	- · · -	Name of Person	_ " (Area Code & Daytime Telephone Number		
	Regi Divi P.O.	stration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Encl	osed is a check for the following a	mount:			
	52 \$2	25 Filing Fee	0	\$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 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.

L. N	ame of the limited liability company:	TATE INVESTMENTS LLC
2. (a)	2020 SALZEDO STREET	(b) 2020 SALZEDO STREET
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 301	SUITE 301
	CORAL GABLES, FL 33134	CORAL GABLES, FL 33134
	06/29/2012	L12000087305
3.	Date of filing/registration in Florida	4. Document number
5 (n	CORPORATE CREATIONS NETWORK, INC.	
5. (a	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:
	801 US HIGHWAY I	
	Registered Office Address (MUST BE FLORIDA STREET.	T ADDRESS)
		. ~~
	NORTH PALM BEACH , FL	2022 7L 33408
(b)	MANUEL KADRE	29
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:
	2020 SALZEDO STREET	ed Office address:
	NEW Registered Office Address:	
	SUITE 301	
	CORAL GABLES . FL	33134 FL
chang agent was/v the ar Sign I her provi. the old to me	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of the street of a member or authorized representative of a member or authorized representative of a member	aws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company. MANUEL KADRE Printed or typed name of signee gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been