L12000091123

(Requestor's Name)	
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, ,	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

AND

D. BRUCE

JUL 27 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	us Invest LLC d 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 m	eatter to the following:
Oscar Guerra Name of Person	
Name of Person	
Corpag Services USA, Inc. Firm/Company	TALL TALL
999 Brickell Avenue, suite 820 Address	RETARY OF
Miami, FL 33131 City/State and Zip Code	
miami@corpag.com E-mail address: (to be used for future annual report notification)	on)
For further information concerning this matter, ple	ase call:
Oscar Guerra at (_	305) 358-7872
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 am	ount:
\$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.

Name of the limited liability company:	Multiplus Invest LLC		
2. (a) Principal office address of limited liability company	y:		
(Note: MUST BE STREET ADDRESS)			
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)			
July 13, 2012	L12000091123		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	A P		
Registered Agent:	Corpag Services USA, Inc.		
Registered Office Address:	999 Brickell Avenue, suite 82026 5		
	- 		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
<u>NEW</u> Registered Agent:	Corpag Registered Agents (USA), Inc.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	999 Brickell Avenue, suite 820		
(MCST BE TECKIDA STREET ADDRESS)	Miami ,FL <u>33131</u>		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change of changes are made, the Florida street address of the registered office and the business office of the footstered 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. Signature of a member or authorized representative of a member			
Oscar Guerra	_		
Printed or typed name of signee	rayes to get in this sangeity. I further agree to		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my poen and I am familiar with and accept the obligations of my poen address, I hereby confirm that the limited liability company	opee to det in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in crely reflect a change in the registered office y 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)