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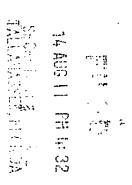
Special Instructions to Filing Officer:		

Office Use Only



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AUG 1 9 2014

C. CARROTHERS

COVER LETTER

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

2525 Ponce De Loon Blvd. Svite 300 Address

Please return all correspondence concerning this matter to the following:

Business Investments of Florida
Firm/Company

Hernan Mukias
Name of Person

Coral Gables FL 33134

\$25 Filing Fee

INHS18 (2/14)

Business Investments of Florida LLC

Name of Limited Liability Company

TO:

Dear Sir or Madam:

Registration Section Division of Corporations

City/State and Zip Code	
HERNANMURIASI © E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, plea	ase call:
Hernan Murios a Name of Person	t (305) 305-3047 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 amo	ount:

■ \$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.

1101144.	· · · · · · · · · · · · · · · · · ·
1. Name of the limited liability company: Bosine	ess Investments of Florida
2. (a) 2525 Ponce De Leon Blue	(b) Same
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	\ <u></u>
Suite 300	
Coral 6a6185, FC 3313	4
Originally: 10/17/2012 3. Date of filing/registration in Florida	L12000132282
3. Date of filing/registration in Florida	4. Document number
5. (a) HERNAN MUA Registered Agent and Registered Office shown on the records of	e I A S
Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:
2525 Ponce De Les Registered Office Address (MUST BE FLORIDA STREE	n Blvd TADDRESS)
suite 200	
Corgl Gables , i	23/34
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1- 72- 1979
(b)	
Enter name of NEW Registered Agent and/or NEW Register	ed Office address:
2525 Ponce De	
NEW Registered Office Address:	Leon Blvd Stra
	35° N
SUITE SOU	
Screl Gables	FL
If the limited liability company is not organized under the	laws of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address	of the registered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the members	liability company, it is hereby confirmed that the change(s) s of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the	he limited liability company.
APPA	Hernan Morias Printed or typed name of signee
Signature of a member or authorized representative of a member	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple the obligations of my position as registered agent as provito merely reflect a change in the registered office address, notified in writing of this change.	gree to act in this capacity. I further agree to comply with the le performance of my duties, and I am familiar with and accept ded for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been
Signature of Registered Agent	