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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

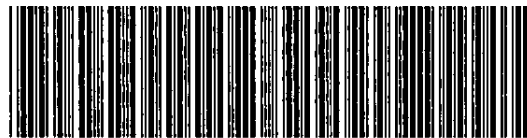
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2013 FEB -4 AM 9:00  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

FEB 6 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INVERSIONES FRAPASE JC CA 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 E PUENTES

Name of Person

INVERSIONES FRAPASE JC CA LLC

Firm/Company

717 PONCE DE LEON BLVD

Address

CORAL GABLES FL 33134

City/State and Zip Code

JORGE\_PUENTES38@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE E PUENTES at ( 305 ) 299-7144

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

FILED  
2013 FEB -4 AM 9:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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 FRAPASE JC CA LLC

2. (a) Principal office address of limited liability company: 717 PONCE DE LEON BLVD SUITE 316  
**(Note: MUST BE STREET ADDRESS)** CORAL GABLES, FL 33134

(b) Mailing address of limited liability company: 717 PONCE DE LEON BLVD SUITE 316  
**(Note: MAY BE POST OFFICE BOX)** CORAL GABLES, FL 33134

01/25/2013

L13000013397

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CARMEN A PIÑERO

Registered Office Address: 717 PONCE DE LEON BLVD SUITE 316  
CORAL GABLES, FL 33134

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** JORGE E PUENTES

**NEW Registered Office Address:** 717 PONCE DE LEON BLVD SUITE 316  
**(MUST BE FLORIDA STREET ADDRESS)** CORAL GABLES, FL 33134  
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 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.

Jorge E. Puentes  
Signature of a member or authorized representative of a member

Jorge E. Puentes  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Jorge E. Puentes  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**