L13000075527

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

Office Use Only



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02/17/14--01015--002 **20.00

01/27/14--01029--014 **35.00

2014 FEB 14 PH 2: 55

FEB 17 2014 D. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2014

JIMMY ACOSTA 60 W 53RD TERRACE HIALEAH, FL 33012

SUBJECT: A & G REAL PROPERTY INVESTMENTS, LLC

Ref. Number: L13000075527

We have received your document for A & G REAL PROPERTY INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

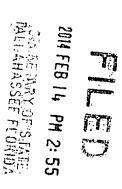
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 614A00002375



A & G Real Property Investments, LLC 60 W 53 TERR Hialeah, FL 33012

February 11, 2013

Florida Department of State Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

I have included the correct forms that the state has sent me; filled and signed. I made an additional check for \$20.00 and checked the \$55.00 option for filing fee and certified copy. With the original \$35.00 I sent that should be it. I hope this solves the matter I, Jimmy Acosta am to be the registered agent for A & G Real Property Investments, LLC.

Regards,

Jimpny Acosta

Manager

A & G Real Property Investments, LLC

2014 FEB | 4 PM 2: 51

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A & G R Name of Lim	eal Property Investments, L ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Jimmy Name of Person	<u> </u>	
Al 6 Real Property.	Investment, LLC	
60 W 53 TER Address		
Hialeak, FL 336 City/State and Zip Code	<u> </u>	
acosta_jamsn E-mail address: (to be used for future annual report notifi	cation)	
For further information concerning this matter,	please call:	
Jimmy Acosta a	Area Code & Daytime Telephone Number 5	
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 a	amount:	
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (12/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.

LLC

voin, in the state of Florida.	
1. Name of the limited liability company: A &	6 Real Property Investment,
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	60 W 53 TER Hialcab, FL 33012
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	60 W 53 TED Hialouh, FL 33UM
5/23/13	613000075527
3. Date of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on the	•
Registered Agent:	Coporation Service Company
Registered Office Address:	Coporation Service Company 1201 Hays St. Tallahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Vimmy Acosta Fina
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Higleah ,FE 330/2
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	orida street address of the registered office
Signature of a member or authorized representative of a member A cos ta	
Printed or typed name of signee I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the product and I am familiar with and accept the obligations of my post Chapter 605, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

13. Y ...