## U13000102360

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

Office Use Only



200286042112

200286042112 05/23/16--01012--021 \*\*25.00

MAY 23 P 3 02

MAY 24 20% D. BRUCE

## **COVER LETTER**

τ )

INHS18 (2/14)

TO: Registration Section

Division of Corpo	rations			
SUBJECT:		Limited Liability Company		
Dear Sir or Madam:				
	Agent/Registered Office C	hange and fee(s) are submitted for filing.		
Please return all correspon				
Mindy A	ame of Person			
MBC Inve	Stments, U.C.			
1408 N. Kil	lian Dr. Lake Po Address	104, ft 33403		
Lake Park City/	State and Zip Code		2018 H	
Mindy @ E-mail address: (to b	mb future: (  oe used for future annual r	eport notification)	2016 NAY 23 F	
For further information co	oncerning this matter, plea	se call:	P SEF	Ċ
Mincly A Name of	ndia at Person	(501) 308-6452 Area Code & Daytime Teleph	none Number	
STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, Flori	on orations Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	•	
Englosed is a che	eck 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

1. Na	ame of the limited liability company:	vestr	nents, LLC	
2. (a)		_ (b)		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing add	dress of limited liability company:  AAY BE POST OFFICE BOX)
	416 Westwind Dr.	<b>-</b>	416 Wes	twind Dr.
	North Palm Beach, FL 33408			Im Beach, Fl 33408
	07/19/2013	<del></del>		I Proposition of the second
	<u>-07 19 2013</u>		L1300010	2360
3.	Date of filing/registration in Florida	4.	Docume	nt number
5. (a)	Mindy Andia			
()	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)		
	- 416 Westwind Dr.			
	North palm beach, FL	334	108	
(b)	Mindy Andia			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	ress:	
	11100 11 16:11			ZOUG MAY
	NEW Registered Office Address:			SS >
	1408 N. Killian Dr.			
			<del></del>	F S W
	LakePark ,FL	3340	3	02 NDA
the cha agent v was/we	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist pility cor the limi	ered office and the apany, it is hereby of ed liability compan	business office of the registered confirmed that the change(s)
	hare of a member or authorized representative of a member		Mindy	Andia
I here provision the object to mero notified	by accept the appointment as registered agent and agre on a fill statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he in writing of this change.	e to act i erforma for in Ci ereby coi	rnned of n this capacity. I fi nce of my duties, an napter 605, F.S. Of napter that the limite	urther agree to comply with the ad I am familiar with and accept if this document is being filed ad liability company has been