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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Key Largo Property Investments, 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:

Roland C Robinson

Name of Person

Roland C Robinson Esq

Firm/Company

633 North Krome Av - Ste 2

Address

Homestead, FL 33030 - 6043

City/State and Zip Code

rrobin5529@aol.com

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

For further information concerning this matter, please call:

Roland C Robinson

_{at i} 305

285-0340

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:

S25. Filling Fee

S55 Filing Fee & Certified Copy

INHS18 (5/08)

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: Key Largo Propert	y Investments, LLC	<u></u>
0		
2. (a) Principal office address of limited liability comp		<u> </u>
(Note: MUST BE STREET ADDRESS)	Ste 2 Homestead, FL 33030	707 7
	Tibriestead, FL 33030	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	633 North Krome Av	Fig
	Ste 2	卫(2
	Homestead, Ft. 33030	िन् भ
		음급 -
07/30/2013	L13000107944	I I
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida D	Dept. of State:
Registered Agent:	Jorge Gavin	
Registered Office Address:	9769 South Dixie Highway	
	Suite #101	
	Miami, FL 33156	
NEW Registered Agent:	Roland C Robinson	
NEW Registered Office Address:	633 North Krome Av	
(MUST BE FLORIDA STREET ADDRESS)	Ste 2	
	Homestead,	,FL 33030
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the lentical. Or, in the case of a Fle(s) was/were authorized by ar rwise provided in the articles of	registered office orida limited a affirmative vote of
Roland C. Robinson Printed or typed name of signec		
I hereby accept the appointment as registered agent ar comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, hhereby confirm that the limited liability comp Signature of Registered Agent	nd agree to act in this capacity proper and complete perform position as registered agent a merely reflect a change in the pany has been notified in writi	. I further agree to ance of my duties, is provided for in registered office ng of this change.

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