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(Address)									
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C. LEWIS
JUN 4 2014
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT: Doal EB-5 Financing and Munagement LC. 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:									
Rodrigo Azourua Name of Person									
Donal EB-5 Financing and management LLC. Firm/Company									
201 South Biscayne Blvd. Suite 905 Address									
Miami, Floidy 88131 City/State and Zip Code									
Judy @ Living Pmo. Com E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
Rodrigo Azpurua at (305) 433-3397 Name of Person Area Code & Daytime Telephone Number									
STREET/COURIER ADDRESS: Pagintentian Section Registration Section									
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 amount:									
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy									
INHS18 (2/14) .									

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR DOLLAR. 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	me of the limited liability company: Doal F.F.	3-5	Finan	cing and m	ana	<u> 10m</u>	ient
2.	(a) d	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u>C</u> 905(1) 2015 (Mailing address of limited (Note: MAY BE POST	liability co	mpany:	zite
		Hiami, Florida 33131		Miar	ni, Florida	331	<u>31</u>	
			_					
		9/23/2013	_		130001340	800		
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	Montero, Julian F.	<u>-</u>		_			
		Registered Agent and Registered Office shown on the records of the		•	te:			
		200 S. BISCAUDE BIVO. SHE Registered Office Address (MUST BE FLORIDA STREET A			_			
			02,000	.		CJ A	<u>_</u>	
		Miami ,FL	33	181	_	MW 17	4 MAY 2	, :
	(h)	Hlami Adora LLC				8837 1885		
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	_		-0 	g=m-g ' m*' .
		201 South Biscayne Blvd. NEW Registered Office Address:	Suit	e 905	-		1:42	
		Miami ,FL	33	181	_			
the age was	cha nt w s/yve	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regi ability co f the lin limited	stered offic ompany, it nited liabili liability con	te and the business off is hereby confirmed the ty company or as other mpany.	ice of the lat the ch rwise pro	e regist ange(s	tered s)
S	ignat	ure of a member or authorized representative of a member		14001. 14	90 ACPUIUC Printed or typed name of	signee		
pro the to i not	obl nere ified	of accept the appointment as registered agent and agrows of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ee to ac perform d for in hereby c	t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability co	to comp liar with ument is ompany i	ly with and ac being has be	i the ccept filed en
218	natu	Division of Corporations • P.O. I	30x 632	7● Tallaha	ssee, FL 32314			

FILING FEE: \$25.00