L13000171275

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

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TO:	Registration Section Division of Corporations						
SUBJE	NORM INVESTMENTS, LLC						
.,000	Name of Limited Liability Company						
Dear Si	r 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:							
Obdul	lio Mateo						
•	Name of Person		•				
Norm Investments, LLC							
	Firm/Company		•				
6900	Bird Road #7953						
	Address		•				
Miami	i, FL 33155						
	City/State and Zip Code	7	•				
mated	o@mborealty.com						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Obdul	io Mateo	at (229-5626				
	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	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314				
Enclosed is a check for the following amount:							
	☑ \$25 Filing Fee	□ \$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. N	ame of the limited liability company: Norm Investm	nents, L	.LC			
2. (a)	6900 Bird Road #7953	(b) 6900 Bird Road #7953				
- . ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	("		Mailing address of limited (Note: MAY BE POST		
	Miami, FL 33155	_	Miami, F	FL 33155		
	12/11/2013	_	L1300017	71275		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	Obdulio Mateo Jr					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 6900 Bird Road #7953			- v:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-		
	Miami	33155		-		
(b)				:	17	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : 8641 SW 46 St.			: 	17 OCT 1-0	
	NEW Registered Office Address:			See La Capación	400	
	Miami, FL_	33155		हीं	64	
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis ibility co f the lim limited l	stered office impany, it is ited liability	e and the business of is hereby confirmed the y company or as other pany.	fice of the registered hat the change(s)	
Signature of a member or withorized representative of a member			Printed or typed name of signee			
provis the ob to mer notifie	pby accept the appointment as registered agent and agraions of all statutes relative to the proper and complete ligations of me-position as registered agent as provided with reflect a change in the registered office address, I have a continuously this change. The property of this change in the registered office address, I have a continuously this change.	ee to act perform I for in C tereby co	in this cape ance of my c Chapter 605 onfirm that i	acity. I further agree duties, and I am fami , F.S. Or, if this doc the limited liability c	e to comply with the iliar with and accept ument is being filed ompany has been	

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