L14000070739

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

Office Use Only



000289349900

08/25/16--01018--003 **305.00

16 AUG 25 AH 10: 30
SLUBETAR OF STAFE
AND SEET AND STAFE

NG 26 206 J. HARRIS

COVER LETTER

	gistration Section rision of Corporations	<i>*</i>							
SUBJECT:	TM INTERNATIONAL INVE	STMENTS, LLO	C.						
	Name of Limited Liability Company								
Dear Sir or	Madam:								
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.									
Please retur	rn all correspondence concerning the	is matter to the fol	lowing:						
LORRAIN	NE E. PEREZ								
	Name of Person								
INTERCO	ONTINENTAL LAW FIRM, P.A	۸.							
	Firm/Company								
3905 NW	107TH AVE., SUITE 303								
	Address								
DORAL,	FLORIDA 33178								
•	City/State and Zip Code	<u> </u>							
•	@INTERCONTLAW.COM								
E-mai	il address: (to be used for future ann	ual report notifica	tion)						
For further	information concerning this matter,	please call:							
LORRAIN	NE E. PEREZ	305	444-1272						
	Name of Person		Area Code & Daytime Telephone Number						
Re; Div	REET/COURIER ADDRESS: gistration Section vision of Corporations	Regis Divis	LING ADDRESS: stration Section ion of Corporations						
266	fton Building 61 Executive Center Circle Ilahassee, Florida 32301		Box 6327 hassee, Florida 32314						
Enclosed is a check for the following amount:									
Ø	\$25 Filing Fee	Filing Fee & Certified Copy							

INHS18 (2/14)

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.

. Na	ame of the limited liability company:	TION	AL INVEST	MENTS, L	LC.			
. (a)	4028 N 29TH AVENUE	_{b)} 4028 N :	29TH AVENUE					
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	HOLLYWOOD, FLORIDA 32020		HOLLYWOOD, FLORIDA 32020					
	05/01/2014	_	L1400007	70739				
•	Date of filing/registration in Florida	4.		Document n	number			
. (a)	INTERCONTINENTAL LAW FIRM, P.A.							
. (-)	Registered Agent and Registered Office shown on the records of t	the Florid	a Dept. of State	- e:				
	175 SW 7TH STREET							
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRES	<u></u>	-				
	SUITE 1707							
	MIAMI, FL	33130)	<u>-</u>	SEC	<u></u>		
(b)	INTERCONTINENTAL LAW FIRM, P.A.				200	11115 255	in the state of th	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	_	327		, maginates	
	3905 NW 107TH AVE.	_		_	OF STATE F. FLORID,	AH IO:	Larrana Larran	
	NEW Registered Office Address:			_	Ö.	30		
	SUITE 303			-	, E -"			
	DORAL , FL	33178	3					
he cha gent t vas/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 livere authorized by an affirmative rote of the members of organization or the operating agreement of the	the regability of the limited	gistered office company, it i mited liabilit	e and the busts hereby contry company on the pany. E. PEREZ	siness of ofirmed to or as oth	ffice of that the erwise	f the registere e change(s) provided in	
Sigh	ature of a member or authorized representative of a member			Printed or typ	ped name	of signe	e	
provis he ob o mer notifié	eby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	ree to a perfori d for in hereby	ct in this cap nance of my Chapter 60: confirm that	pacity. I furt duties, and i 5, F.S. Or, i the limited l	her agre I am fam f this doc liability	e to co niliar v cumen compa	omply with the with and acce t is being file my has been	