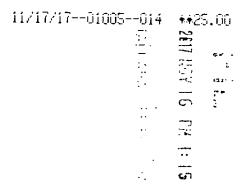
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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
,
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600305737726



J. HARRIS

COVER LETTER

Division of Corporations								
SUBJECT. 7433 Collins Ave Investment	. LLC							
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.							
Please return all correspondence concerning th	is matter to the following.							
Julie Medina								
Name of Person								
Claro Development Solutions, Inc.								
Firm/Company								
•								
1035 North Miami Ave, #201								
Address								
Miami, FL 33136 City/State and Zip Code								
City/State and Zip Code								
julie@clarocorp.com								
julie@clarocorp.com E-mail address: (to be used for future am	nual report notification)							
For further information concerning this matter	, please call:							
Julie Medina	at (305) 324.4700							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS:	MAILING ADDRESS:							
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	g amount:							
\$25 Filing Fee	\$55 Filing Fee & Certified Copy							

TO: Registration Section

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	me of the limited liability company: 7433 Collins	Ave Ir	vestme	ent, LL	C			
2. (a)			(b)					
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			1	Mailing address of (<u>Note: MAY BI</u>		•	
	1035 North Miami Ave, Suite 201			1035_1	North Miami .	Ave, Su	ite 201	<u> </u>
	Miami, FL 33136		_	Miami, FL 33136				
	05.22.14			L14	1000083269			
3.	Date of filing/registration in Florida	 4.			Document nur	nber	_	
5. (a)	Reinhard, Sanford N.							
J. (u)	Registered Agent and Registered Office shown on the records of	of the Flo	orida Dep	t. of Stat	e:			
	Reinhard, Sanford N. Registered Office Address (MUST BE FLORIDA STREE	T ADDR	ESS)	 <u> </u>	-			
	1290 Weston Road, Suite 201		_		_	- :.	~>	
	Weston,	FL <u>33</u>	3326		-	Me and	2817 MCY 16	ф }
(b)	Julie Medina				_	F:	74 F	* and .
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Offic	e address	į.			70	
	Claro Development Solutions, Inc.				_	<u>:</u> :		
	NEW Registered Office Address:					• . •	417	
	1035 North Miami Ave, Suite 201				_			
	, Miami, I	FL	33136		_			
the cha agent v was/we	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the r liabilit s of the he limit	egistere y compa limited ed liabi	ed offic- any, it i Hiabilit lity cor	e and the busing the confirmation of a company or a company.	ess offices of the control of the co	ce of that the cl wise pr	e registered hange(s) ovided in
		Sa -	indor So	cher, M	Ianaging Meml			estments, L.I
I herei provisi the obl	ture of a member or authorized representative of a member by accept the appointment as registered agent and a ons of all statutes relative to the proper and completing the first of my position as registered agent as provided the first of the proper and completing of the proper and completing of the property of the pr	igree to de perfo ded for I hereb	act in to rmance in Chap by confi	this cap e of my oter 60: rm that	acity I further	r naree .	to com	ply with the and accept being filed has been

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