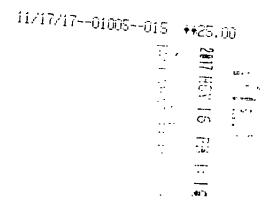
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(Reque	stor's Name)						
(Addre	ss)						
(Addre	ss)						
(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificate	s of Status					
Special Instructions to Filing Officer:							

Office Use Only



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J. HARRIS

COVER LETTER .

Divisi	ion of Corporations						
SUBJECT:	7439 Collins Ave Investment	LLC					
SOBJECT: _	Name of Limited Liability Company						
Dear Sir or M	adam:						
The enclosed	Registered Agent/Registered Off	ice Cha	nge and 1	fee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matte	r to the f	following:			
Julie N	Medina		- -	<u> </u>			
	Name of Person						
Claro I	Development Solutions, Inc.						
	Firm/Company			_			
1035 No	orth Miami Ave, #201						
-	Address						
. Miami I	FL 33136						
Iviidiii, i	City/State and Zip Code						
iulie@c	·larocorp.com						
E-mail a	larocorp.com address: (to be used for future and	ual rep	ort notifi	ication)			
For further in	formation concerning this matter,	please	call:				
Julie Me	edina	at (305	324.4700			
	Name of Person	at (_		Area Code & Daytime Telephone Number			
STR	EET/COURIER ADDRESS:		MA	AILING ADDRESS:			
Regis	stration Section		Reg	gistration Section			
•	ion of Corporations		Division of Corporations				
	on Building		P.C	D. Box 6327			
	Executive Center Circle		Tal	llahassee, Florida 32314			
Talla	hassee, Florida 32301						
Encl	osed is a check for the following	amoui	nt:				
\$2	5 Filing Fee		□ \$5	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.

I. N	ame of the limited liability company: 7439 Collins A	ve inves	intent LLC	- 			
2. (a)		_ (b)		# 101 - 22 #111s	.a.itaania		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		iv.	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	1035 North Miami Ave, Suite 201		1035 1	1035 North Miami Ave, Suite 201			
	Miami, FL 33136	_	Mian	ni, FL 33136		-	
	06.17.2014		L14	000097146			
3.	Date of filing/registration in Florida	4.		Document number	•		
5. (a	Reinhard, Sanford			_			
,, (u	Registered Agent and Registered Office shown on the records of t	he Florida	Dept, of State	- >:			
	Reinhard, Sanford N.						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	!		2.0	2 0 17	D# ^
	1290 Weston Road, Suite 201			-		707	£ ,
	. Weston , FL	33326	5	-		6	er patter* H H H
(b)	Julie Medina			_	-	P:	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:				
	Claro Development Solutions, Inc.		_	_		,₩.	
	NEW Registered Office Address:						
	1035 North Miami Ave, Suite 201			-			
	Miami . FL	33	136 _				
	,	-		-			
the ch agent was/v	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization of the operating agreement of the	the regis ibility co If the lim	tered office mpany, it is ited liabilit	e and the business of s hereby confirmed y company or as ot	that the	the reg	gistered e(s)
		San	dor Scher	, Managing Mem	ber, JAI	MP In	vestments I
-	nature of a member or authorized representative of a member	-		Printed or typed name	-		
provi. the ol to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I l ed in writinglof this change.	ee to act performe I for in C tereby co	in this cap ince of my Thapter 605 onfirm that	acity. I further agr duties, and I am fa 5, F.S. Or, if this di the limited liability	ree to co miliar w ocument compar	mply with and is being has	vith the l accept ag filed been
	Mul V						

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