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SECRETARY OF STATE TAIL AHASSEE, FLORID

APR 28 2016 S. YOUNG

COVER LETTER

	Registration Section Division of Corporations					
SUBJE	CT: FIORI HOMES INVESTMEN	TS, LLC				
Name of Limited Liability Company						
Dear Sir	r or Madam:					
The enc	losed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.				
Please re	eturn all correspondence concerning this	s matter to the following:				
CARL	OS Z. FLORES					
	Name of Person					
FIORI	HOMES INVESTMENTS, LLC					
	Firm/Company					
1526 1	FAMARIND RD					
-	Address					
DAVE	NPORT, FL 33896					
	City/State and Zip Code					
FIORI.	INVESTMENTS@GMAIL.COM					
E-1	mail address: (to be used for future annu	al report notification)				
For furtl	her information concerning this matter,	please call:				
CARLO	OS Z. FLORES	at () 307-7335				
	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following amount:					
	■ \$25 Filing Fee	□ \$55 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.

1. Na	ame of the limited liability company: FIORI HOM	IES INV	ESTMENTS	S, LLC	
2. (a)	1526 TAMARIND RD		(b) 1526 TAMARIND RD		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	` /	failing address of limited (Note: MAY BE POST	
	DAVENPORT, FL 33896		DAVENF	PORT, FL 33896	
			·		
	12/22/2014.		L1400019	3885	
3.	Date of filing/registration in Florida	— 4.		Document number	
5. (a)	CARLOS L. FLORES				হ ত
J. (u)	Registered Agent and Registered Office shown on the records	of the Flori	da Dept. of State	:	16 LEGR
	1526 TAMARIND RD				APR AFF
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>55)</u>		APR 27
	DAVENPORT	FL_3389	6		PH 12: 22
(L)	CARLOS Z. FLORES				22 Em
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	ddress:		
	1526 TAMARIND RD				
	NEW Registered Office Address:				
	DAVENPORT	FL_3389	6		
the cha agent 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 ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the address.	of the reg liability of s of the li he limited	istered office company, it is mited liability	and the business offi hereby confirmed the company or as other pany.	ice of the registered at the change(s)
/ - / -	ture of a member or authorized representative of a member			Printed or typed name of	signee
the obl	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provide ely reflect a change in the registered office address, d inwriting of his change.	igree to a te perfori ded for in I hereby	ct in this capa mance of my a Chapter 605, confirm that t	icity. I further agree luties, and I am famil F.S. Or, if this docu he limited liability co	to comply with the iar with and accept ment is being filed ompany has been
Signatu	ire of Registered Agent				