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17 SEP -5- AH II: 14 DIVISION OF CORE C. ATICAS

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Agua Vista	Enves tments, LLC ame of Limited Liability Company
Dear Sir 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:
Robert Kurnik	
Name of Person	
Firm/Company	
4615 HAMMOCK CIRC	LLE
Address	
DELRAY BEACH, FO City/State and Zip Code	33445
City/State and Zip Code	<u> </u>
YACHTWAHOO @ yah E-mail address: (to be used for future a	yo, CONL
For further information concerning this matter	
Robert Kurnik	at (561) 703-5901
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section 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 followi	ng amount:
■ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
D.111010 (2/14)	l.

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. Agua VISTA Investments, LLC Name of the limited liability company: 2. (a) 46/5/tammock Circle, Delray Beach Mailing address of limited liability company: Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) Date of filing/registration in Florida L15000098345 Document number 4. 3. Kobert Kurwik Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 17 SEP -5 AM II: 14 2901 S. Ocean Blrd Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Enter name of NEW Registered Agent and/or NEW Registered Office address: 4615 HAMMOCK LIRCLE NEW Registered Office Address: Delray Beach , FL_ 33445 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. ANN Woolard
Printed or typed name of signee Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent

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