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COVER LETTER

то:	Registration Section Division of Corporations	·					
SHRH	SOLARIS CAPITAL INVESTMENT, LLC						
O DO 1	Name of Lin	Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.					
Please	return all correspondence concerning this matter	to the following:					
EDUA	RDO GONZALEZ						
	Name of Person						
FLORI	DA CORPORATE REGISTERED AGENTS, LLC.						
	Firm/Company						
8323 N	W 12 STREET, SUITE 102						
	Address	 					
DORA	L. FL 33126						
	City/State and Zip Code						
E.GON	ZALEZ@GRC-CPA.COM						
E	-mail address: (to be used for future annual repo	notification)					
For fur	ther information concerning this matter, please c	all:					
EDUA	RDO GONZALEZ 30	477-6969					
	Name of Person	Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount	:					
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

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.

l. Na	me of the limited liability company: SOLARIS CAPIT	TAL INVE	STMENT.	LLC			
	8323 NW 12 STREET, SUITE 102	(b)	8323 NW	/ 12 STREET, SUITE	102		
z. (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limite (Note: MAY BE POS			
	DORAL, FL 33126		DORAL,	FL 33126	<u></u>		
	08/28/2015	i	L1500014	7893			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	ROBLEDO, ANTHONY						
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of St	ate:		25m)	
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	<u></u>	_		32i Ji	
	3901 NW 79TH AVENUE, SUITE 104			<u></u>		=	
	DORAL , FL	33166				8	
	FLORIDA CORPORATE REGISTERED AGENTS, LLC				7	AH 7	
(b)	Enter name of NEW Registered Agent and/or NEW Registered		1			- 19	
	Enter name of NEW Registered Agent and of NEW Registered	2 Other But	11 (3).		-	•	
	NEW Registered Office Address:			_			
	8323 NW 12 STREET, SUITE 102						
	DORAL , FL	L 33126					
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members called of organization or the operating agreement of the	e registere ability cor of the lim c limited li	d office a mpany, it ited liabil ability co	and the business offic is hereby confirmed ity company or as ot	e of the that the	register change	red (s)
Sierra	thre of a member or authorized representative of a member			Printed or typed name	of signe		
I here provisi the obl	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is in writing of this change.	ree to act performa d for in C hereby co	in this ca ince of m hapter 60 infirm tha	nacity I further agri	ee to ca	molv wi	th the accept g filed een