

L16000027053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

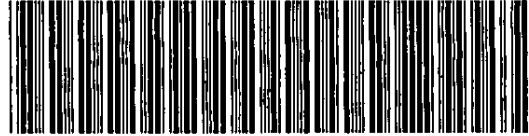
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000283335650

03/16/16--01022--008 **25.00

FILED
2016 MAR 16 A 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 17 2016
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Investmets Uniworld LLC
Name 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:

Alejandra Alvarado
Name of Person

Firm/Company

1414 NW 107 Ave Suite 215
Address

Miami FL 33172
City/State and Zip Code

aalvaradomiami@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandra Alvarado at (786) 877-6920
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

2016 MAR 16 A 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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. Name of the limited liability company: Investments Uniworld LLC

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
1414 NW 107 Ave Suite 215
Miami FL 33172

L16000027053

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) 02/08/2016
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Maria L Beltran
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1414 NW 107 Ave Suite 215
Miami, FL 33172

(b) _____
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Alejandra Alvarado
NEW Registered Office Address:
1414 NW 107 Ave Suite 215
Miami, FL 33172

2016 MAR 16 A 10:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
FILED

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.

[Signature]
 Signature of a member or authorized representative of a member

Maria Beltran
 Printed or typed name of signer

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]
 Signature of Registered Agent