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SECRETARY OF STATE DATE OF STATE OF STA

JUN 03 2016 S. YOUNG

## COVER LETTER

TO: Registration Section Division of Corporations			
IMS INVESTIMENTOS, LLC			
SUBJECT: 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:			
ALLAN DOYLE			
Name of Person			
GUARDADO & DOYLE			
Firm/Company			
175 FONTAINEBLEAU BLVD. STE. 1-B	5		
Address	124		
MIAMI, FL 33172			
City/State and Zip Code	:		
guardadodoyle@att.net	1		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Allan Doyle 305 221-8774			
Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations  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 following amount:			
□ \$25 Filing Fee			

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:	SINVESTIN	MENTO	S, LLC				
2. (a)	10630 NW 88th ST		(b) 8333 NW 53rd ST.					-
<b>-</b> ! (u)	Principal office address of limited liability (Note: MUST BE STREET ADDR		_ (0)			ng address of limited liabi		y:
	Unit 219		_	Suite 10	6			
	DORAL, FL 33178		_	DORAL	, FL	33166		
	APRIL 5, 2016				<b>L</b> 10	6000067324		
3.	Date of filing/registration in Flor	rida	4.		Doo	cument number		
5. (a)	IVAN MEIRA SANTOS							
()	Registered Agent and Registered Office shown on	the records of th	e Florida	Dept. of Stat	- e:			
	175 FONTAINEBLEAU BLVD. ST	E. 2K8			_			
	Registered Office Address (MUST BE FLORI	IDA STREET AL	<u>DDRESS)</u>				16	TALI 0.38
	MIAMI	, FL_	33172		<b>-</b> -		15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	言語
(b)	ALLAN DOYLE, CPA						PM	는 무 기구
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered C	Office add	ress:	-		٦ٺن	رن <u>-</u> ټوات
	175 FONTAINEBLEAU BLVD. S	TE. 1-B					80	ئار: آار:
	NEW Registered Office Address:				-			
	MIAMI		33172		-			
		•			-			
the cha agent w was/we	imited liability company is not organized ange or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the icles of organization or the operating agreed	et address of t da limited liab e members of	he regist pility cor the limi imited li	ered offic npany, it i ted liabilit ability cor	e and s her y con npan	I the business office of the confirmed that the support of the confirmed that the support of the confirmed that the confirmed t	of the regine change	stered (s)
Signa	ture of a member or authorized representative of a	nember	IVAI	MEIRA		INTOS Ited or typed name of sign	ee	
	by accept the appointment as registered at ions of all statutes relative to the proper at ligations of my position as registered agently reflect a change in the redistered officed in writing of this change in the redistered officed in writing of this change.	gent and agre nd complete p nt as provided e address, I he	e to act i erforma for in Ci ereby co	n this cap nce of my hapter 60: nfirm that		,, ,		th the accept filed een
	Division of Corporati	ions• P.O. Bo FILING FE			ssee,	FL 32314		