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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
, , ,				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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<u>,,,,</u>				





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COVER LETTER

TO: Registration Section , Division of Corporations					
EL POZO INVESTMENTS, LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
GERALDINE SOMARRIBA					
Name of Person					
EL POZO INVESTMENTS, LLC					
Firm/Company					
8041 SW 118 COURT					
Address					
MIAMI, FL 33183					
City/State and Zip Code					
geraldinesomarriba@gmail.com					
E-mail address: (to be used for future annual report	rt notification)				
For further information concerning this matter, please c	all:				
Geraldine Somarriba 78	603-7724				
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.

l. Na	ame of the limited liability company: EL POZO INV	ESTM	ENTS, LL	.C
2. (a)	8041 SW 118 COURT	(b) 8041 SW 118 COURT		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33183	_	MIAMI F	FL, 33183
	04/25/2016			80288
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	GERALDINE SOMARRIBA			
` '	Registered Agent and Registered Office shown on the records of the 16520 SW 137TH AVENUE	he Florida	Dept. of Stat	- e:
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	2)	- ************************************
	MIAMI , FL	33177		
(b)	GERALDINE SOMARRIBA			
• •	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ad	dress:	
	8041 SW 118 COURT			
	NEW Registered Office Address:			-
	MIAMI .FL	33183		-
the cha agent v was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regibility confirmation that the limited is the limited is the limited in the limited in the limited in the limited is the limited in the	stered offic ompany, it i nited liabilit liability cor	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in upany.
1	udlelinexomaniba	GE	RALDINE	SOMARRIBA
Ishere Provisi The objection	ture of a member of authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position dispregistered agent as provided ely reflect a change in the registered office address, I h d in writing of this change. **COLOUM!** (**Times.**)	ee to ac verform I för in (vereby c	t in this cap ance of my Chapter 60, onfirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accepts. F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent			
1	Division of Corporations P O R	lav 637	7a Tallaha	seen Fl 32314

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

INHS18 (2/14)