## 116000084531

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## **COVER LETTER**

TO:		stration Section sion of Corporations		•		
SUВЛ	ፑርፕ۰	WALROS INVESTMENTS LLC				
501301	DC1,	Name of Limited Liability Company				
Dear S	ir or N	Madam:				
The en	closed	d Registered Agent/Registered Offic	e Change an	nd fee(s) are submitted for filing.		
Please	return	all correspondence concerning this	matter to th	e following:		
JONA	ΑТНА	N WALDER ROSALES				
		Name of Person				
WAL	ROS	INVESTMENTS LLC				
		Firm/Company		<del></del>		
1990	0 E. (	COUNTRY CLUB DR APT 308	3			
		Address				
AVEN	NTUR	A 33180				
		City/State and Zip Code		<u>—</u>		
WALI	DERS	98@HOTMAIL.COM				
E	-mail	address: (to be used for future annu	al report not	ification)		
For fur	ther in	nformation concerning this matter, p	olease call:			
JONA	AHTA	N WALDER ROSALES	305 at (	4149205		
		Name of Person		Area Code & Daytime Telephone Number		
	Regi Divis Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Encl	osed is a check for the following a	amount:			
	<b>☑</b> \$2	25 Filing Fee		\$55 Filing Fee & Certified Copy		
INHS18	8 (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	WALROS INV	ESTM/	ENTS LL	.C
2. (a)	19900 E. COUNTRY CLUB DR APT 308	(b	n)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  AVENTURA, FLORIDA 33180	_	w-101	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5/2/2016		L160000	984531
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida INTERAMERICAN CORPORATE SERVICES	4. S LLC		Document number
	Registered Agent and Registered Office shown on the records of the 2525 PONCE DE LEON BLVD., SUITE 1225		Dept. of Sta	ic:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			70
	CORAL GABLES , FL	33134		- 8
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	Office ad	dress:	- ႏိုင်ငံ - ႏ
	NEW Registered Office Address:  19900 E. COUNTRY CLUB DRIVE APT 308			
	AVENTURA , FL	33180		_
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	the regise bility confithe lime limited l	stered officempany, it intended intende	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change	ee to act perform I for in ( ereby co	in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	c of Registered Agent			