## 11000144716

(Requestor's Name)
(Address)
(Address)
(Addiess)
(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



400303037194

08/30/17--01016--014 ++25.00

17 AUG 30 AM 7: 41
SEGRE FARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: H MAS INVESTMENTS, 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:			
Hernan Mas			
Name of Person			
HMAS INVESTMENTS, LLC Firm/Company			
2316 Cedan Ganden Dn. Address			
Address			
Onlando FL 32824  City/State and Zip Code			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Hernan Mas at (407) 634-0881  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:			
<b>☎</b> \$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. Name of the limited liability company: H MAS INC	vestments, LLC	
2. (a) 23/6 Cedar Garden Dr (b)		DR .
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX	iny: O
OR/ANDO, FL 32824	ORLANDO, FL 3282	24
, and the second		
8/2/2016	L16000144716	· <u>-</u>
3. Date of filing/registration in Florida 4.	Document number	
5. (a) Legaline Conponate Sene Registered Agent and Registered Office shown on the records of the Florida F	vices Inc Dept. of State:	
S237 SUMMER/IN COMMO		
STE 400	AUG 30 AHASSE	()
Fort Myers, FL 339	707 SSE SARY	
(b) HERNAN MAS	m [	ال ال
Enter name of NEW Registered Agent and/or NEW Registered Office addr	ress:	••
2316 Cedar GARden DR.	>	
NEW Registered Office Address:		
Onlando ,FL 328.	24	
If the limited liability company is not organized under the laws of the Sthe change or changes are made, the Florida street address of the registragent will be identical. Or, in the case of a Florida limited liability conwas/were authorized by an affirmative vote of the members of the limit	ered office and the business office of the reg npany, it is hereby confirmed that the chang ted liability company or as otherwise provid	gistered e(s)
the articles of organization or the operating agreement of the limited lia	· · · · · · · · · · · · · · · · · · ·	
Signature of a member or authorized representative of a member	Hernan Mas Printed or typed name of signee	
I hereby accept the appointment as registered agent and agree to act i provisions of all statutes relative to the proper and complete performative to bligations of my position as registered agent as provided for in Cl to merely reflect a change in the registered office address, I hereby connotified in writing of this change.	in this capacity. I further agree to comply with and note of my duties, and I am familiar with and hapter 605, F.S. Or, if this document is being firm that the limited liability company has	vith the l accep ng filed been
Signature of Registered Agent		
Signature of registered Agent		