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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
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(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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J. HARRIS

## COVER LETTER

то:	Registration Section Division of Corporations					
SUBJE	MIAMI GLOBAL ONE INVE	MIAMI GLOBAL ONE INVESTMENTS LLC				
0.01701	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the fo	llowing:			
MON	ICA MAYER					
	Name of Person		-			
AMIT	IE USA CORP					
	Firm/Company		-			
1805	PONCE DE LEON BLVD. STE 5	01				
	Address		-			
MIAM	11, FL 33134					
	City/State and Zip Code		-			
<u>I</u>	E-mail address: (to be used for future and	nual report notific	ation)			
For fu	rther information concerning this matter	, please call:				
DANI	EL KALIJMAN	829 at (	638-3588			
	Name of Person		Area Code & Daytime Telephone Number			
Registration Section Division of Corporations Clifton Building		Regi Divis P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314			
	Enclosed is a check for the following amount:					
<b>2</b> \$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.

1.	Na	me of the limited liability company:	AL ONE	INVES	TMENTS LLC		
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  1805 PONCE DE LEON BLVD. STE 501	(b)	(b)			
		MIAMI, FL 33134	<del>-</del>	MIAMI, FL 33134			
		08/04/2016		L16000146158			
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Stat	 re: _		
		Registered Office Address (MUST BE FLORIDA STREET) 407 LINCOLN RD SUITE 8S	<u>DDRESS</u>	1			
		MIAMI, FL	33139		A A A		
	(b)				_ 65 2		
		Enter name of NEW Registered Agent and/or NEW Registered Office address:		AUG 25 AH 9: 55			
		AMITIE USA CORP			# # 9		
		NEW Registered Office Address:		<u> </u>			
		1805 PONCE DE LEON BLVD. STE 501			; <del>r</del> -		
		MIAMI FI.	33134				
the ag	e cha ent v is/wi	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill-be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cless of intensity and the control of the members of the intensity agreement of the control of t	the regis bility co I the lim limited li	tered offic mpany, it i ited liabilit iability cor	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in upany.		
	Siena	ture of a member or authorized representative of a member		يماون	Printed or typed name of signee		
prothe to	herei ovisi 2 obl mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided elyyteflect a change in the registered office address, I I in writing of this change.	ee to act	in this can	pacity. I further agree to comply with the		