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COVER LETTER

Division of Corporations
SUBJECT: Movida 24 Tryestments, 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:
Javelyn Arvay Name of Person
Movidaa4 Investments, UC Firm/Company
101 Marketside Ave #404-364
Porte Vedra, FL 3208
Javelyna movidaau. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Javelyn Arvay at 904 451-2017 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:

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

SUTC 404-304

Ponte Vedic, FL32081

Registered Office address:

5. (a) Casya Business Solutions Colp

15800 Pines Blvd. #209

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Pembroke Pines .FL 33027 Javelyn Arvay

INI MINORISIDE AIR #404-364

NEW Registered Office Address:

Ponte Vedra , FL 32081

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member of authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change

Signature of Registered Agent

3.