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(Requestor's Name)						
(Address)						
(Address)							
	City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							





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GUL 3 1 G S. PRATHES

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	INVERCOSA INVESTMEN	ITS LLC						
	Nair	ne of Limited Lial	bility Company					
Dear Si	ir or Madam:							
The end	closed Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.					
Please i	return all correspondence concerning the	is matter to the fo	llowing:					
DAN	J. O'MALLEY							
	Name of Person		-					
INVE	RCOSA INVESTMENTS LLC		_					
	Firm/Company							
3650	BIRD ROAD		_					
	Address							
MIAN	II, FL 33133							
	City/State and Zip Code		-					
omail	ey322@aol.com							
E-	-mail address; (to be used for future ann	ual report notific	ation)					
For furt	ther information concerning this matter,	please call:						
DAN .	J. O'MALLEY	305	444-2222					
	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	Regi. Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314					
Enclosed is a check for the following amount: ☐ \$25 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	nme of the limited liability company:	INVERCOSA	INVES	STMENTS	S LLC			
2. (a)	3650 BIRD ROAD, MIAMI, FL	33133	_ (t	3650 B	IRD ROAD, MI	AMI, FI	_ 33	133
_, (,	Principal office address of limited lia (Note: MUST BE STREET A		_ (`		Mailing address of lim (Note: MAY BE, P.)			
3.	11/07/2016 Date of filing/registration in	Florida	4.	L-160002	203700 Document numbe	er		
5. (a)	Quinton & Paretti PA							
J. (u)	Registered Agent and Registered Office show Suntrust International Center Registered Office Address (MUST BE F. 1 SE 3 Avenue - suite 1405	**************************************			 :e: 	.63	2018	
	Miami	. FL	33131		-	IALI LALI	18 SEP	
(b)	DAN O'MALLEY Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	AWASSE	P 27 PM		
	3650 BIRD ROAD					E, FL	l: 2	O
	NEW Registered Office Address:				_	m	-	
	MIAMI	. FL	3313	3	_			
the cha agent v was/we	imited liability company is not organiunge or changes are made, the Florida vill be identical. Or, in the case of a fere authorized by an affirmative vote of organization or the operating a	street address of t Florida limited liab of the members of	he regined in the limited of the lim	stered office ompany, it i nited liabilit	e and the business is hereby confirmed by company or as o inpany.	office o	f the re e chan	gistered ge(s)
Signat	ture of a member or authorized remesentative	of a member			Printed or typed nam	ne of signe	c	
provisi the obl to mere notified	by accept the appointment as register, ons of all statutes relative to the proping in the proping as registered of the proping of my position as registered of the registered of the proping of the change of the proping o	ed agent and agre er and complete p agent as provided office address, I he	e to act perform for in (ereby co	t in this cap ance of my Chapter 605 onfirm that	acity. I further ag duties, and I am fo 5, F.S. Or, if this a the limited liabilit	ree to co imiliar v locumen y compa	omply with an t is being t is as	with the d accept ing filed been
Signatu	re of Registered Agent Division of Corpo	orations• P.O. Bo	ox 6327	7• Tallahas	ssee, FL 32314			

FILING FEE: \$25.00