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ALVIER CANTON IN

S. WARREN DEC 0 1 2017

COVER LETTER

TO:	Registration Section Division of Corporations				
SURII	SUBJECT: Florida Best Luxury Investment LLC Name of Limited Liability Company				
50001					
Dear S	ir or Madam:				
The en	iclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
Ernes	sto Alfonso				
	Name of Person				
Florid	a Best Luxury Investment LLC				
	Firm/Company				
475 B	Brickell ave apt 4014				
	Address				
Miam	i FL 33131				
	City/State and Zip Code	•	_		
Ernes	sto.Alfonso@luxinvestment.net				
E	E-mail address: (to be used for future ann	ual report noti	fication)		
For fur	ther information concerning this matter,	, please call:			
Ernes	to Alfonso	786 at (340-2161		
	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:					
	☑ \$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.

i. 1	Iame of the limited liability company: Florida Best	Luxury Inves	stment LLC
2. (a	475 Brickell ave ant 4014 Miami fl 33131	(b) 47	5 Brickell ave apt 4014 Miami fl 33131
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida	4.	Document number
5. (a	、Ernesto Alfonso		
5. (a	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:
	475 Brickell ave apt 4014 Miami fl 33131		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	, F	L	=
	Randy Nodarse		NOV 29
(b	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	
	and introduction	d Office address,	
	NEW Registered Office Address:		
		<u></u>	
	,F	ſ	
II da a	timinal linkilian made and a second a second and a second a second and	C +1 C + - +	
the cl agent was/v	limited liability company is not organized under the la sange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered liability compa- of the limited l	I office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
1	MD /	Ernesto	Alfonso
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provi the oi to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change.	gree to act in the e performance led for in Chapt hereby confirt	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
Signa	ure of Registered Agent		