LIF 000 106079

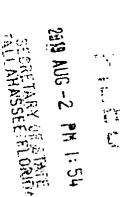
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
(50,750.0.2.5,70.0.7)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of	Corporations			<i>ت.</i>
SUBJECT: INVE	RSIONES VIP HOUSE FLO	RIDA LLO		
SUBJECT:	Name of L	imited Liab	ility Company	
Dear Sir or Madam:				Service of the servic
The enclosed Regist	ered Agent/Registered Office Ch	ange and fee	e(s) are submitted for filing.	100
Please return all corn	respondence concerning this matt	er to the fol	lowing:	- 13;
Alejandra Marqu	ez Villa			
	Name of Person			
AMV Legal Grou	p P.A.			
	Firm/Company			
2450 Hollywood	Blvd, Suite 300			
	Address			
Hollywood FL, 33	3020			
	City/State and Zip Code		•	
info@amvlegalgi	oup.com			
E-mail address	: (to be used for future annual re	port notifica	ition)	
For further informat	ion concerning this matter, please	e call:		
Alejandra Marqu	ez Villa	954	2539695	
Nan	ne of Person		Area Code & Daytime Telephone Num	ber
Registration Division of Clifton Buil 2661 Execu	Registration Section Regi Division of Corporations Divis Clifton Building P.O.		LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314	
Enclosed is	a check for the following amou	int:		
2 \$25 Filin	g Fee	□ \$55	Filing Fee & Certified Copy	

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	ame of the limited liability company: INVERSION	NES VIF	P HOUSE FLORIDA LLC
2.	(a)			(b)
		Principal office address of limited liability ompany: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		2450 Hollywood Blvd.#	300	2450 Hollywood Blvd, Suite 300
		Hollywood FK. 33020	<u></u> -	Hollywood FL, 33020
		05/12/2017		L17000106079
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)		_	
		Registered Agent and Registered Office shown on the records	of the Flor	rida Dept. of State:
			T 4000F	700
		Registered Office Address (MUST BE FLORIDA STREE 3325 Hollywood Blvd, Suite 400	ESSI OZI	
		Hollywood	_{FL} <u>330</u>	
		AMV Legal Group P.A.		address:
	(b)	Enter name of NEW Registered Agent and/or NEW Register	address:	
				· · · · · · · · · · · · · · · · · · ·
				
		NEW Registered Office Address:		
	•	2450 Hollywood Blvd, Suite 300		
		Hollywood	33	33020
			FL	
If t	he l	limited liability company is not organized under the	laws of the re	the State of Florida, it is hereby confirmed that after egistered office and the business office of the registered
age	ent v	will be identical. Or, in the case of a Florida limited	i liability	y company, it is hereby confirmed that the change(s)
wa the	s/w art	vere authorized by an affirmative vote of the member ticles of organization or the operating agreement of t	he limite	limited liability company or as otherwise provided in ed liability company.
		(Vales VI)		Carlos Pereira
S	igna	ature of a member or authorized representative of a member		Printed or typed name of signee
the to to	ovis. e ob: mer tifie			act in this capacity. I further agree to comply with the ormance of my duties, and I am familiar with and accep in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been
		Division of Corporations • P.C	D. Box 63	327 • Tallahassee, FL 32314

FILING FEE: \$25.00