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COVER LETTER

	tration Section on of Corporations					
SUBJECT:	JRJ Mar Investment, LLC					
_	Na	me of Limited L	iability Company			
Dear Sir or Ma	adam:					
The enclosed	Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.			
Please return a	all correspondence concerning t	his matter to the	following:			
Rafael Fabi	an					
	Name of Person		_			
Rafael Fabi	an, P.A.					
	Firm/Company		<u> </u>			
10631 N Ke	endall Drive Suite 145					
	Address		_		•	
Miami FL 33	3176			25. 25. 25.	2018 SEP 24	=4
	City/State and Zip Code	<u> </u>		11.50	.5 2	endiza Prima
info@fabiar	npa.com			97. 197.	•	i [T
E-mail a	ddress: (to be used for future ar	nual report notif	ication)	7. 3.	## 8:	-
For further inf	ormation concerning this matte	r, please call:		20 A	(2) (2)	. سدو به
Rafael Fabi	an	305	856-6700			
	Name of Person		Area Code & Daytime Teleph	one Number		
Regist Divisi Cliftor 2661 I	cet/Courier address: cration Section on of Corporations in Building Executive Center Circle classee, Florida 32301	Re Di P.G	alLING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee. Florida 32314			
Enclo	sed is a check for the followin	g amount:				
2 \$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.

estment, LLC
(b) 8500 SW 109 Avenue
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
Apt 6-103
Miami, FL 33173
4. Document number
f the Florida Dept. of State;
<u>(ADDRESS)</u>
L 33160
d Office address:
Con ten
L 33173
two of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company. Printed or typed name of signee gree to act in this capacity. I further agree to comply with the a performance of my duties, and I am jamiliar with and acceed for in Chapter 605, F.S. Or, if this document is being file thereby confirm that the limited liability company has been
L wifficoe

FILING FEE: \$25.00