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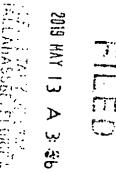
(Requestor's Name)	_			
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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	٦			
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COVER LETTER

Registration Section

TO:

Divi	sion of Corporations				
SUBJECT:	Santos & J Investment Group	llc			
Sobone i.	Name of Limited Liability Company				
Dear Sir or l	Madam:				
The enclose	d Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.		
Please return	n all correspondence concerning this	matter to the f	ollowing:		
Yanepsy \$	Santos				
***	Name of Person		_		
Santos &	J Investment Group Llc				
	Firm/Company	-			
11333 Sw	185 Terra				
	Address				
Miami FI 3	33157				
	City/State and Zip Code				
•	rvices@yahoo.com				
E-mail	address: (to be used for future annu	al report notifi	cation)		
For further i	information concerning this matter, p	olease call:			
Yanepsy S	Santos	305	896-4251		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Div Clif 266	ET/COURIER ADDRESS: ration Section on of Corporations on Building Executive Center Circle assee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		gistration Section vision of Corporations D. Box 6327		
Enc	closed is a check for the following	amount:			
1 21 S	225 Filing Fee	□ \$5	5 Filing Fee & Certified Copy		
INHS18 (2/1-	4)				

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.

(a)	11333 Sw 185 terra Miami FI 33157	(b)11	1333 Sw 185 terra Miami Fl 33157
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/31/2017		7000119749
	Date of filing/registration in Florida	- 4. 	Document number
/ . X	Shirley Santos		
(a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	it, of State:
			2
	Registered Office Address (MUST BE FLORIDA STREET) 8727 Sw 24 st #108	ADDRESS)	200 MY 13
	Miami , FL	33165	SSS TO THE
b)	Alexis Lopez Ledon		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	
	11333 Sw 185 Terra		
	NEW Registered Office Address:		
	Miami	33157	
	, FL	·———	
cha nt w :/we arti	imited liability company is not organized under the large or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited little authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registere ability compa of the limited	ed office and the business office of the register any, it is hereby confirmed that the change(s) diability company or as otherwise provided it
	ture of a member or authorized representative of a member		Printed or Typed name of signee
			D==++1

Signature of Registered Ag