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



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COVER LETTER /

TO: Registration Section

| Divi | sion of Corporations | | | | | | | | |
|----------------------------------|--|---|--------------------------------------|--|--|--|--|--|--|
| SUBJECT: | PERTH INVESTMENTS, LLC | | | | | | | | |
| 5012001. | Name of Limited Liability Company | | | | | | | | |
| Dear Sir or N | Aadam: | | | | | | | | |
| The enclosed | l Registered Agent/Registered Offi | ce Change and fo | ee(s) are submitted for filing. | | | | | | |
| Please return | all correspondence concerning thi | s matter to the fo | ollowing: | | | | | | |
| ENRIQUE | ROMERO | | | | | | | | |
| | Name of Person | | _ | | | | | | |
| | | | _ | | | | | | |
| | Firm/Company | | | | | | | | |
| 739 CRAN | IDON BLVD. APT # 301 | | | | | | | | |
| | Address | | - | | | | | | |
| KEY BISC | AYNE, FL 33149 | | | | | | | | |
| | City/State and Zip Code | | - | | | | | | |
| romeroe@ | mac.com | | | | | | | | |
| E-mail | address: (to be used for future annu | ial report notifica | ation) | | | | | | |
| For further in | formation concerning this matter, p | please call: | | | | | | | |
| Mastrodom | nenico and Buxie, CPAs | 210 | 499-0913 | | | | | | |
| | Name of Person | _ | Area Code & Daytime Telephone Number | | | | | | |
| Regis Divis Clifto 2661 | EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle hassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | | | |
| Encl | osed is a check for the following : | amount: | | | | | | | |
| ☑ \$2 | 5 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.

| No | ame of the limited liability company: PERTH IN | VESTM | 1E | NTS, LLO | C | | | |
|-----------------------|--|---|------------------|--|--|---|---|---------------------------------------|
| (a) | 7438 Hovingham San Antonio, TX 78257 | | ſ | 7438 H | lovingham S | an Antoni | o, TX | 78257 |
| | Principal office address of limited hability company. (Note: MUST BE STREET ADDRESS) | | • | | Mailing address o | | | |
| | | | | | | | | |
| | 02/24/2010 | | | L17000 | 164952 | | | |
| | Date of filing/registration in Florida | ٦, | | | Document nu | mber | | |
| (a) | | | | | | | | |
| | Registered Agent and Registered Office shown on the records | | rid | a Dept. of St | ate: | | | |
| | OSCAR I. ALFONSO & ASSOCIATES, P | . A. | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | T ADDRI | LS. | <u>S/</u> | _ | | | |
| | 1000 BRICKELL AVENUE SUITE 410 | | | | | | | |
| | MIAMI | FL 3313 | 31 | | _ | | | |
| | ENRIQUE ROMERO | | | | _ | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Register | rad Office | | <u></u> | | $ec{>}_{arphi}$ | , 20 | |
| | and the register | rea (mice | <u>nu</u> | uress. | | | 2019 AUG | |
| | | | | | | | | 1 |
| | NEW Registered Office Address: | | | | | | | |
| | 739 CRANDON BLVD. APT # 301 | | | | | | | ; |
| | | | | | | البرائية دري يب | PH | |
| | KEY BISCAYNE | FL 3314 | 19 | | | 92 | <u></u> | |
| | " | | | | _ | بدارو <u>.</u> بداروي | ယ် | |
| enai nt w /we | mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the companion of the operating agreement of the operatin | of the re Uliability Is of the l | gi: cc lim | stered offic surpany, it sited liabili | te and the busing is hereby confirmation or a | ess office o | of the reg | gistere: |
| | | Ł | 0 | RENZO I | MARTINEZ | | | |
| | ure of a member or authorized representative of a member | | | | Printed or typed | | | |
| obli nere ified | by accept the appointment as registered agent and a constant of all statutes relative to the proper and complete gations of my position arregistered agent as providive reflect a change in the registered office address. It is writing of this change. | igree to c de perfoi ded for ii I hereby | 101 m n (| in this cap ance of my Chapter 60 onfirm that | pacity. I further duties, and I ar 5. F.S. Or, if th t the limited liab | agree to configuration of the second | omply w vith and t is beir iny has | ith the laccer ig filed been |
| gnatur | e of Registered Agencia | | | | | | | |
| | Division of Corporations • P.O |). Box 63 | 127 | • Tallaha | ssee, FL 32314 | | | |
| | FILING | | | | | | | |
| 18 (2/1 | [4] | | | | | | | |