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Office Use Only



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N. CAUSSEAUX JUN 2 5 2018

COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations							
SUBJECT: Pointe Quail Investments, LLC Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Pointe Quail Tovestments, LLC Firm/Company 1132 Kane Concourse - Ste. 200 Address							
Bay Harloor Islands, FL 33154 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
William Manning at (305) 865 - 1923 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							

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.

l. Na	me of the limited liability company:	Pointe	Qua.1	Investm	ents,	LLC.
7 (2)			(b)			
2. (a)	Principal office address of limited li (Note: MUST BE STREET)	ability company:	(0)			I liability company:
	1132 Kane Conco	115e-51	. 2 00	Same	as	Principal
	Bay Harber Islands	, FL 3315°	4	addr	<u>¢55</u>	
	0\/17/2018 Date of filing/registration in			L18000	00049	154
3.	Date of filing/registration in	n Florida	4.	Document	number	
5. (a)	Maurice Egozi Registered Agent and Registered Office sho	wn on the records of	the Florida Dept.	of State:		
	Registered Office Address (MUST BE F 1135 Kane Cond Bay Harbor Islan	airse é	3rd Flo	99 _		SESEN APPLY SESENTIAL SESE
(b)	Enter name of NEW Registered Agent and					5 PH 3: 35
	NEW Registered Office Address:					
	1132 Hane Conco	urse - Sl	e, 200			
	Bay Harbor Island:	<u>5. </u>	_33154	<u>. </u>		
the cha agent was/wo the art	mited liability company is not organinge or changes are made, the Florida vill be identical. Or, in the case of a reauthorized by an affirmative vote cles of arganization or the operating or member or authorized representative	i street address of Florida limited li- of the members of agreement of the	the registered ability compar of the limited I limited limited limited.	office and the buny, it is hereby co iability company	isiness of nfirmed t or as othe	fice of the registered hat the change(s) erwise provided in
profisi the obli to mere notified	by herept the appointment as register on yof all statutes relative to the projection as registered in refer to the projection as registered in the registered in scriting by this change.	red agent and agnoer and complete agent as provide office address, 1	ee to act in th	is canacity. I fur	ther agre	e to comply with the