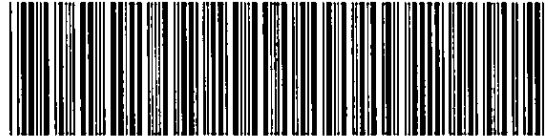


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. YOUNG

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TALLAHASSEE, FLORIDA

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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.

TEAM INVESTMENTS GROUP LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

253 NE 2ND ST APT 2604

253 NE 2ND ST APT 2604

MIAMI FL 33132

MIAMI FL 33132

10/19/2018

L18000246744

3. _____ 4. _____
Date of filing/registration in Florida Document number

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ELIAS OMAR CACERES BONILLA

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1209 PINE SAGE CIRCLE

WEST PAL BEACH 33409
FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

JACKYHELEN NUNEZ

NEW Registered Office Address:

253 NE 2ND ST APT 2604

MIAMI 33132
FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

JACKYHELEN NUNEZ

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00