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COVER LETTER .

TO:	Registration Section Division of Corporations	•						
	Division of Corporations	·						
SUBJ	FCT: LACADE INVESTMENTS 1	LLC						
Name of Limited Liability Company								
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.						
Please	return all correspondence concerning th	is matter to the following:						
Ricar	do Fernandez de Cordoba							
	Name of Person							
FIRS	T GLOBAL ADVISORS MANAGE	MENT LLC						
	Firm/Company							
848 E	Brickell Av Suite 1015							
	Address							
MIAN	⁄II, FL 33131							
	City/State and Zip Code							
ricard	do.fernandez@firstglobalfinanceus	s.com						
Ī	E-mail address: (to be used for future am	nual report notification)						
For fu	rther information concerning this matter.	please call:						
Ricar	do Fernandez de Cordoba	at (305) 458 6559						
	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	S55 Filing Fee & Certified Copy						

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.

1. N	lame of the limited liability company: LACADE INVE	ESTM	ENT	S 1 LL	C	
2. (a)	202 NE 404 ST #46400		(b) 382 NE 191 ST #46180			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(·		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	MIAMI, FL 33179	_	M	IAMI, F	L 33179	
						
	02/26/2019		L19	900005	5770	
3.	Date of filing/registration in Florida	4.			Document number	
5. (a	NNOVATION TAX AND TRUST US LLC					
. (-	Registered Agent and Registered Office shown on the records of t 848 BRICKELL AVE SUITE 300 Miami FL 3		a Dep	of State	:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 848 BRICKELL AVE SUITE 300				ZOZO AUG 24 SCCRETARY	
	MIAMI	33131			>	
(b)	FIRST GLOBAL ADVISORS MANAGEMENT LLC				SSE P	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>dress</u>	į:	STATE E. FL	
	848 Brickell Av Suite 1015 Miami FL, 33131				•	
	NEW Registered Office Address:					
	848 Brickell Av Suite 1015					
	MIAMI	33131				
the ch agent was/w	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liayere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regional the ling of the lingle ling ling ling ling ling ling ling ling	stere ompa tited liabi	ed office any, it is liability lity com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
Sien	ature of a member or authorized representative of a member		بر4 <i>ز د) ؟</i>	m. Tea	א בני ביי ביי ביי ביי ביי אר Printed or typed name of signee	
I here provis the ob- to mei	whice of a memoer of authorized representative of a member sions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have in writing of this change.	ee to ac.	t in t	his cana	wity. I further agree to comply with the	

Signature of Registered Agent