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COVER LETTER

Division of Corporations	,
H.A.B. INVESTMENT GROUP, LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	
Alain Rodriguez	
Name of Person	
Firm/Company	
14171 SW 156th Ave	
Address	
Miami, FL 33196	
City/State and Zip Code	
arcaaccounting@hotmail.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	all:
at (
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	t:
■ \$25 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.

1. N	lame of the limited liability company: H.A.B. INVEST	rment gi	ROUP, LLC	· · · · · · · · · · · · · · · · · · ·	
2. (a)	1541 Brickell Avenue	a	1541 Bricke	ll Avenue	
(<u>_</u> ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ma	ailing address of limited liability of (Note: MAY BE POST OFFICE	
	Suite 1101-A		Suite 1101-A	\	
	Miami, FL 33129		Miami, FL 3	3129	
	07/02/2019		L1900017321	17	
3.	Date of filing/registration in Florida	4.	D	Ocument number	
5. (a	Ali Hosseini				
J. (G	Registered Agent and Registered Office shown on the records of	of the Florida	a Dept. of State:	201 	
	1541 Brickell Avenue			ZI SI	الكسية
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2021 SEP 14 SEAL EARA	
	Suite 1101-A			シップ・	
	Miami F	33129		AM II: SEELF	M
/ L :	Alain Rodriguez			1:12 File 6	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office ad	ldr <u>ess</u> :		6
	NEW Registered Office Address:				
	14171 SW 156th Ave.				
					
	Miami F	33196			
	·	~ <u></u>			
chang	limited liability company is not organized under the lage or changes are made, the Florida street address of the	ne register	ed office and t	the business office of the res	gistered
agent	will be identical. Or, in the case of a Florida limited lyere authorized by an affirmative vote of the members	liability co	ompany, it is h	nereby confirmed that the ch	ange(s)
	ticles of organization or the operating agreement of the				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	16	Ali	Hosseini		
-	nature of member or authorized representative of a member			Printed or typed name of signee	
I her provi the oi to me notifi	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflectly change in the registered office address, i ed in writing of this change.	gree to act e perform led for in C I hereby co	in this capac ance of my du Chapter 605. I onfirm that th	ity. I further agree to comp ties, and I am familiar with F.S. Or, if this document is a e limited liability company k	ly with the and accept being filed as been
Signa	ture of Registered agent				