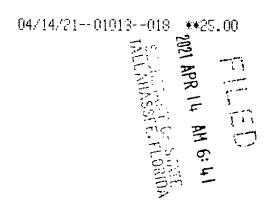
L20 0000 41296

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
_							
PICK-UP WAIT MAIL							
(Durings Entitle Name)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
· 							
Special Instructions to Filing Officer:							

Office Use Only



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COVER LETTER

		COVER LE	TTER
	tion Section of Corporations		•
SUBJECT:	MEGALARA	INVESTMENT	rs uc
		Name of Limited Lia	bility Company
Dear Sir or Mad	am:		
The enclosed Re	gistered Agent/Register	red Office Change and fe	ee(s) are submitted for filing.
Please return all	correspondence concer	ning this matter to the fo	llowing:
	708E	OLIVERED	_
	Name of Person	n	
	MEGALARA	INVESTMENT.	2
	Firm/Company		
	707 TURN Address	BERRY WAY	_ APT 73B
	Aventu	Ra Fl 33 Code	<u> </u>
E-mail add	a oliver	ure annual report notific	Ď.€S ation)
	mation concerning this		
	Jo Se OLIVER	805 at () 86	280 J888 Area Code & Daytime Telephone Number
<u>Mailin</u> Registr Divisio P.O. Bo	g Address: ation Section on of Corporations ox 6327 assec, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	ed is a check for the fol	llowing amount:	
\$ \$25 I	Filing Fee	☐ \$55	Filing Fee & Certified Copy

1NHS18 (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.	Na	ame of the limited liability company: megalara investme	ents LLC						
2. (a)		19707 triberry way ant 23B Aventura FL33180		(b) 19707 turnberry way apt 23B Aventura Fl 33180					
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
3.		2/4/2020 Date of filing/registration in Florida		_200000412	296 Document number				
5. (a)		CIO Management LLC		 	_				
		Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 150SE 2nd Av. 1408 miami fl 33131							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2021 APR 14			
		, FL			•	14 39 HV 11			
(t	(b)	Jose A. Oliveros Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ress:	FLORIDA	11:9				
		NEW Registered Office Address:			_				
		19707 turnberry way apt 23B Aventura Fl 33180							
If t	he l	FL, imited liability company is not organized under the law or changes are made, the Florida street address of the	s of the	State of Flo	- orida, it is hereby confiri	med th	at after the		
age wa	ent v s/we	will be identical. Or, in the case of a Florida limited lia ere authorized by an affilmative vote of the members of icles of organization or the operating agreement of the l	bility cor f the limi limited li	npany, it is ted liability ability com	s hereby confirmed that y company or as otherw ipany.	the cha ise pro	ange(s)		
<u> </u>	igna igna	ture of a member or authorized representative of a member) else	OLIVEROS Printed or typed name of sig	ince			
I h pro	iere. viși	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of the position as registered agent as provided ely reflect a change in the registered office address. I have	ee 10 act i gerforma	n this capa nce of my a	acity. I further agree to luties, and I am familiar	compl with a	ana accept		
Sig	gnatu	re of Registered Agent Division of Cornerations P.O. R	lov 6217	• Tallahas	sean Fl 37214				

FILING FEE: \$25.00