

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

TO:

TO:	Registration Section Division of Corporations								
SUBJE	SO INVENTO INVESTMENTS I	SO INVENTO INVESTMENTS LLC							
30200		ame of Limited L	iability Company						
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.						
Please	return all correspondence concerning	this matter to the	following:						
CAROI	LINA SILVERIO SALGADO								
	Name of Person								
	Firm/Company								
11040 5	SW 14TH ST., LVS-222D								
	Address								
MIAM	I/FL - 33174								
-	City/State and Zip Code	3							
clayton	@silveriorosacorretora.com.br								
E	-mail address: (to be used for future a	innual report notif	fication)						
For fur	ther information concerning this matt	er, please call:							
CARO	LINA SILVERIO SALGADO	786 at (943-7916						
	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 followi	ng amount:							
	\$25 Filing Fee	U \$	S55 Filing Fee & Certified Copy						
INHSI	8 (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:	IVESTM	ENTS LLC				
2. (a)	2905 ENDENSHIRE WAY - SUITE 104	o)	W 14TH ST., LVS-222D				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(_	of limited liability cor EE POST OFFICE B		
	KISSIMMEE, FL - 34746		MIAMI, FL	, - 33174			
	01/07/2022	_ -	L2200001613	39			
3.	Date of filing/registration in Florida	4.	[Document nur			
5. (a)	MARCELO RODRIGUES				78 2 4		
, ,	Registered Agent and Registered Office shown on the records of	:	SEC:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 11478 WAKEWORTH ST				PM 2:		
	ORLANDO, FL	32836					
(b)	CAROLINA SILVERIO SALGADO						
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	11040 SW 14TH ST., LVS-222D						
	NEW Registered Office Address:	<u> </u>					
	MIAMI , FL	33174					
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited line ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	register ability co of the lin	ed office and ompany, it is nited liability	the business hereby confir company or a	office of the regi med that the cha	stered nge(s)	
la	Signature of a member/or authorized representative of a member CAROLINA SILVERIO						
Signa	ture of a member/or authorized representative of a member			Printed or typed			
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have in writing of this change.	ee to ac perform d for in t hereby c	t in this capa ance of my d Chapter 605, onfirm that th	city. I further uties, and I ar F.S. Or, if th he limited liab	r agree to comply m familiar with a his document is b bility company ha	with the nd accept eing filed is been	
	Club alcackt						