## 122000443581

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## COVER LETTER

TO:	Registration Section Division of Corporations					
CLID	OBAMORO INVESTMENTS	LLC				
SUB.	JECT:	Name of Limite	d Liability Company			
Dear	Sir or Madam:					
The e	inclosed Registered Agent/Registere	d Office Change	and fee(s) are submitted for filing.			
Pleas	e return all correspondence concerni	ng this matter to	the following:			
ROM	MEL O VARGAS					
	Name of Person					
OBA	MORO INVESTMENTS LLC					
	Firm/Company					
1835	E HALLANDALE BEACH BLVD #46	9				
	Address	<del></del>		W	23	
HALI	LANDALE BCH, FL 33009			ECRE TALL	2024 DEC	*
	City/State and Zip C	ode		TARY OF ST AHASSEE, I	C +3	
RVA	RGAS@OBAMOROINVESTMENTS.	com		Y OF	P	Π
	E-mail address: (to be used for futur	e annual report n	otification)	E F	9:	7
For fi	urther information concerning this m	atter, please call:		ATE	85	
ROM	MEL O VARGAS	786 at (	234-5645			
	Name of Person		Area Code & Daytime Telephone Nun	nber		
	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 follo	wing amount:				
	18 \$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.

2. (a)	835 E HALLANDALE BEACH BLVD #469		(b) 1835 E HALLANDALE BEACH BLVD #469				
L. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of li	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	HALLANDALE BCH, FL 33009	<u></u>	IALLANDALE BCH, FL 3	3009			
	10/14/2022		2000443581				
3.	Date of filing/registration in Florida	4.	Document numb	per			
5. (a)	ROMMEL O VARGAS						
(b)	Registered Agent and Registered Office shown on the records of 533 E 53 ST	f the Florida De	ept. of State:	(0,			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		2024 DEC SECRETA TALLAI			
	HIALEAII, F	L_33013		C -3 TARY AHAS			
	ROMMEL O VARGAS		AH SSEE				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addre	<u></u>	9: 5: STAI E, FL			
	ROMMEL O VARGAS		E 8				
	NEW Registered Office Address:		- <del>-</del>				
	1835 E HALLANDALE BEACH BLVD # 469						
	HALLANDALE BCH, F	L					
chang agent was/w	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered ( iability comp of the limite e limited liab	office and the business of pany, it is hereby confirm d liability company or as ility company.	Tice of the registered ed that the change(s)			
Sinn	vivry of a mambar or surbarized surrountation of a more	ROMM	IEL O VARGAS	ama of siunos			
Signa	iture of a member or authorized representative of a member		Printed or typed no	ame of signee			

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent