L95387

| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
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| Certified Copies | Certificates | s of Status | | | |
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| Special Instructions to Filing Officer: | | | | | |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 23 2014 T. CARTER

PAI Rochange

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | | |
|-------|--|--|--|--|--|--|
| cun: | RAMAR INVESTMENTS, INC. | | | | | |
| SUB | Name of Corporation | | | | | |
| DOC | L95387 UMENT NUMBER: | | | | | |
| | enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | | |
| | e return all correspondence concerning this matter to the following: | | | | | |
| | Lucas de Tramontana | | | | | |
| | Name of Contact Person | | | | | |
| | Ramar Investments, Inc. | | | | | |
| | Firm/Company | | | | | |
| | 5100 N Ocean Blvd # 516 | | | | | |
| | Address | | | | | |
| | Fort Lauderdale, FL, 33308 | | | | | |
| | City/State and Zip Code | | | | | |
| | ceci1rivera@yahoo.es | | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | |
| | | | | | | |
| For f | urther information concerning this matter, please call: | | | | | |
| Luc | as de Tramontana 954 782 0522 | | | | | |
| | Name of Contact Person Area Code & Daytime Telephone Number | | | | | |
| Encl | osed is a \$35.00 check made payable to the Department of State. | | | | | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building | | | | | |
| | Tallahassee, FL 32314 2661 Executive Center Circle | | | | | |

Tallahassee, FL 32301

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| • | provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organ | | |
|--|--|---|------------------------------|
| = | r to change its registered office or registe | | |
| | he corporation: RAMAR INVESTME | - | |
| 1. The name of t | office address: 5100 N Ocean Blvd # | t 516 Fort Lauderdale El 3330 | R |
| 2. The principal | office address: 3100 14 Ocean Blvd 4 | | <u> </u> |
| 3. The mailing a | ddress (if different): | • | |
| 4. Date of incorp | poration/qualification: 1996 | Document number: L95387 | |
| | I street address of the current registered attment of State: (If resigned, enter resigne | | ıe |
| | c/o Robert Henry | | |
| 3601 W Commercial Blvd 14 | | | |
| | Fort Lauderdale, FL 33309 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): c/o Lucas de Tramontana 5100 N Ocean Blvd # 516 P.O. Box NOT acceptable | | | |
| | c/o Lucas de Tramontana | | TARY ASSI |
| 5100 N Ocean Blvd # 516 | | | |
| | P.O. Box NOT | acceptable | STATI CORIC 3: 33 |
| | Fort Lauderdale, FL 33308 | | IDA 3 |
| The street address changed will | ess of its registered office and the street be identical. | address of the business office of its reg | gistered agent, |
| Such change wa authorized by th | as authorized by resolution duly adopted ne board, or the corporation has been not | by its board of directors or by an officified in writing of the change. | er so |
| | | LUCAS DE TRAMONTANA | , |
| Signatu | re of an officer or director | Printed or typed name and title | |
| I further agree : performance of | the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflet that the corporation has been notified in | ites relative to the proper and completice cept the obligation of my position as i | e registered ldress, I |
| | | 10-03-2014 | |
| Sig | nature of Registered Agent | Date | |
| If signing on be | chalf of an entity: | | |
| LUCAS DE | TRAMONTANA | | |
| T | yped or Printed Name | | • |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *