		BUSINESS		/
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SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L98			•			į		
1. Entity Name	,	FILED				. 2		
BREAKOUT INVESTMENTS, L.L		01 MAY -1 PM 4: 42						
Principal Place of Business	Mailing Address	- !		SECRETARY OF STALLAHASSEE, FL	STATE			
		ELL AVENUE. SUITE 3000		TALLAHASSEE, FLORIDA				
MIAMI FL 33131	MIAMI FL 33131	,		- 1 1881:5613 818 18161 15111 80111 8811	1 <b>88</b> 211 <b>88</b> 21 <b>88</b>	nier <b>we</b> er <b>n</b> ree	** ******	
2. Principal Place of Business	3. Mailing Address	<del></del>						
Suite, Apt. #, etc.	-	-						
	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SE		<u>-</u>	_
City & State	City & State		4. FEI I	65-0899732			pplied For ot Applicable	
Zip Country	Zip	Country	5. Cert	ificate of Status Desired		5.00 Ad ee Require		
6. Name and Address of Cu	rrent Registered Agent	Name +	7. Nam	e and Address of New Reg	gistered Ag	jent		1
INTRASTATE REGISTERED AGENT CO	PRPORATION		Iress (P.O. Box I	ess (P.O. Box Number is Not Acceptable)				-
701 BRICKELL AVENUE, SUITE 300 MIAMI FL 33131		!	• • •	· · · · · · · · · · · · · · · · · · ·			<del></del>	
MIMMI PE 33131		City		·	FL	Zip Cod	e	-
8. The above named entity submits this statem	nent for the purpose of changing it	s registered office of re	gistered agent,	or both, in the State of Florid		<u> </u>		5
·	ent for the purpose of changing it	s registered office of re	gistered agent,	or both, in the State of Florid		1		-
The above named entity submits this statem  SIGNATURE  Signature, typed or printed name of registered.		TE Registered Agent signature				1		
SIGNATURE	d agent and title if applicable. (NC	TE Registered Agent signature	required when reinstat		da.	1		
SIGNATURESignature, typed or printed name of registered	of agent and title if applicable. (NC)  FILE N  Make Check P	Registered Agent signature	required when reinstat	ing)	da.	1		
SIGNATURE Signature, typed or printed name of registered states.  9. MANAGING NAME OF TITLE MGR	d agent and title if applicable. (NC	TE Registered Agent signature  IK IW!!! FEE IS \$50  a able to Department	required when reinstat	ing) ADDITIONS/C	DATE HANGES	Change	☐ Add <u>ition</u>	(00/
9. MANAGING N TITLE NAME DE OLAZARRA, ALLEN	FILE N Make Check P  MEMBERS/MEMBERS  Delete	TE Registered Agent signature	required when reinstat	ADDITIONS/C	DATE  HANGES  272	Change	Addition	83 (11/00)
9. MANAGING M TITLE NAME STREET ADDRESS CITY-ST-ZIP Signature, typed or printed name of registered MANAGING M MGR DE OLAZARRA, ALLEN 701 BRICKELL AVENUE, SU MIAMI FL 33131	FILE Make Check P  MEMBERS / MEMBERS  Delete  JITE 3000	TE Registered Agent signature  IX IW!!! FEE IS \$50  a rable to Department  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	required when reinstat	ing) ADDITIONS/C	DATE  HANGES  272  /010	未来未来	50.00	_
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Date

Daytime Phone #