M11000003759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/18/12--01008--022 **35.00

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AND
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12 AUG 28 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 29 2012

EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2012

MARY PIERLUISSI
MPE CONSULTING
2700 GLADES CIRCLE, SUITE 128
WESTON, FL 33327

SUBJECT: AGROVEN AGRICULTURE OPPORTUNITIES INVESTMENTS LLC
Ref. Number: M11000003759

We have received your document for AGROVEN AGRICULTURE OPPORTUNITIES INVESTMENTS LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because the above referenced out-of-state limited liability company cannot file an annual report form until January 1st of the next calendar year, the entity must complete the AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S), to amend the manager(s) or managing member(s) on our records.

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of $15.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 812A00019184

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Agroven Agriculture Opportunities Investment LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Pierluissi
Name of Person

mpe consulting
Firm/Company

2700 Glades Circle Suite 120
Address

Weston FL 33327
City/State and Zip Code

maryp@mpeconsulting.net
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jose Gonzalez at (305) 2194795
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: Agroven Agricultur Opportunities Investment LLC

2. (a) Principal office address of limited liability company: 848 Beckell Ave
Suite PH 4
Miami FL 33131

(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

848 Beckell Ave PH 4
Miami FL 33131

07/25/11
3. Date of filing/registration in Florida

M11000003759
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: ALBERTO Carreno

Registered Office Address: 1101 Beckell Ave
Suite 602-5
Miami FL 33130 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: MARY Derwissi

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)
2700 Glades Circle
Suite 128 Weston
FL 3332-).

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Jose Gonzalez
Printed or typed name of signee

FILED
2 AUG 28 AM 9:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

INHS18 (05/08)