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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: GOVEN INVESTMENTS, INC

Name of Corporation

DOCUMENT NUMBER: P04000037265

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ramon Gonzalez
Name of Contact Person
Goven Investment, Inc.
Firm/Company
736 NW 129 Place
Address
Miami, Fl. 33182
City/State and Zip Code
ramon@goven.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramon Gonzalez

Name of Contact Person

at (305) 225-6216

Area Code & Davtime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of chan	ige is submitted	tions 607,0502, 617,0 for a corporation or egistered office or reg	ganized under the	laws of the State of	r		
1. The name of th	e comoration:	Goven Invest	ments, Inc				
2. The principal office address: 736 NW 129 Place, Miami, Fl. 33182							
3. The mailing ad	ldress (if differe	ent):					
4. Date of incorpo	oration/qualifica	ation: 02/25/200	4 Documer	nt number: P040	00037265		
		f the current registere If resigned, enter resi	~ ~	ered office on file v	with the		
	Raul F. Pi	ino					
	2440 Coral Way						
- -	Miami, Fl.	33145			-		
6. The name and (if changed):	street address o	f the new registered a	agent (if changed) a	and for registered o	office		
-	736 NW	129 Place		(632 (632 (413)	723		
-	Miami, Fl		NOT acceptable		T M		
The street addres as changed will b	s of its register be identical.	ed office and the stre	eet address of the l	ousiness of lice of i	<u>.</u>		
Such change was authorized by the	authorized by board, or the c	resolution duly adop corporation has been	oted by its board of notified in writing	directors or by an of the change.	officer so		
Signiture	al an officer or dire	ctor		onzalez-Pres			
I further avrée to	comply with the	t as registered agent he provisions of all s am familiar with an eing filed merely to r tion has been notifie	satutes relative to	the proper and cou	mplete n as registered ce address, l		
_	Aneles .	_	10 /	19/2017	•		
Signa	nure 4 Registered A	gent		Date			
If signing on beh	alf of an entity:	,					
Туг	ed 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 \* \* \*