## 107000123751

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:  Corrected or Lument  by Hulphore Care  The 4-1-11				

Office Use Only



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## **COVER LETTER**

TO:	Amendmen Division of	t Section Corporations		•		
SUBJ	ECT: IN	VESTMENTS GUAR Nam	RANTEED ne of Corporat			
DOC	UMENT NUI	ивек:	P0700012	23751	****	
The e	nclosed Staten	nent of Change of Registered	l Office/Agent	and fee are submitted fo	r filing.	
Please	return all cor	respondence concerning this	matter to the	following:		
	_	M Name	arius Corbir of Contact Pe	n rson	_	
		0.000	•-•			
		Investments (		Corporation		
	Firm/Company					
	PO Box 350218					
	Address					
Miami FL 33135				5		
	City/State and Zip Code					
			arius@yaho			
	E-mail address: (to be used for future annual report notification)					
For fu	rther informat	ion concerning this matter, p	lease call:			
		Marius Corbin	at (	954 ) 5 Area Code & Daytime Te	36-7426	
	Nam	e of Contact Person	A	rea Code & Daytime Te	lephone Number	
Enclo	sed is a \$35.00	check made payable to the l	Department of	State.		
		Mailing Address: Amendment Section Division of Corporation P.O. Box 6327	ons	Street Address: Amendment Section Division of Corpora Clifton Building	tions	
		Tallahassee, FL 32314	ļ	2661 Executive Cen	ter Circle	

Tallahassee, FL 32301

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

	ve provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta hange is submitted for a corporation organized under the laws of the State of <mark>Flo</mark>	
	der to change its registered office or registered agent, or both, in the State of Flor	
	f the corporation: Investments Guaranteed Corp,	
	al office address: 21060 SW 103rd Ct	
Cutler Bay	ay FL 33189	
_	g address (if different): PO Box 350218 FL 33135	
4. Date of incor	orporation/qualification: 11-14-07 Document number: 1070	100123751
	nd street address of the current registered agent and registered office on file with eartment of State: (If resigned, enter resigned)	the
	Marius Corbin	
	8475 SW 156th Ct, apt 322	5 ×
	Miami FL 33193	
6. The name and (if changed):		
	Marius Corbin	3
	21060 SW 103rd Ct	
	P.O. Box NOT acceptable  Cutier Bay FL 33189	March 1
The street addre as changed will	tress of its registered office and the street address of the business office of its r ill be identical.	egistered ageog
Such change was authorized by the	was authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	ficer so
	Marius Corbin	
I hereby accept I further agree of my duties, an document is bei	nure of an officer or director  of the appointment as registered agent and agree to act in this capacity.  e to comply with the provisions of all statutes relative to the proper and compl  und I am familiar with and accept the obligation of my position as registered a  eing filed merely to reflect a change in the registered office address, I hereby  as been notified in writing of this change.	ete performance igent. Or, if this confirm that the
$ \longrightarrow  $	23rd March 2011	<del></del>
1	ignature of Registered Agent Date	
If signing on be	pehalf of an entity:	
Ť	Typed or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314