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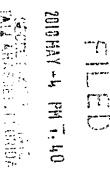
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TO: Amendment Section Division of Corporations

SUBJECT. WAREHOUSE INVESTMENTS, INC.

Name of Corporation

DOCUMENT NUMBER: \$47212

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:

Nestor Caballero

Name of Contact Person

Caballero, Fierman, Llerena + Garcia, LLP.

Firm/Company

4649 Ponce de Leon Blvd., Suite #404

Address

Coral Gables, FL 33146

City/State and Zip Code

URamgoolam@cflgcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nestor Caballero

...305

662-7272

Name of Contact Person

Area Code & Daytime 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 ch	ange is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florid on organized under the laws of the State o	f Florida
in orde	er to change its registered office	or registered agent, or both, in the State o	f Florida.
1. The name of	the corporation: Warehouse	Investments, Inc.	
2. The principal	office address: 5671 N.W. 7	78th Avenue, Doral, FL 33166	
	•••		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 4/23/19	991Document number: S472	212
	d street address of the current reg rtment of State: (If resigned, ente	gistered agent and registered office on file er resigned)	with the
	Garcia & Garcia, CPA		<u>.</u>
	8221 Coral Way		
	Miami, FL 33155		701
6. The name and (if changed):	d street address of the new registor	ered agent (if changed) and /or registered	office
	Caballero, Fierman, Lle	erena ∜ Garcia, LLP.	- 1 1
	4649 Ponce de Leon B	llvd., Suite #404	10 B 7. 10
		Box NOT acceptable	6
	Coral Gables, FL 3314		_
The street address changed will	ess of its registered office and the be identical.	ne street address of the business office of	its registered agent,
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by a been notified in writing of the change.	n officer so
Signatu	re of an officer or director	Printed or typed name and	title
l further agree	to cominly with the provisions of	igent and agree to act in this capacity. Tall statutes relative to the proper and co th and accept the obligation of my positi by to reflect a change in the registered off otified in writing of this change.	omplete on as registered fice address, I
	2		
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Nestor Cab		<u></u>	
T	yped or Printed Name		

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