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| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone | #) <u> </u> | | | |
| PICK-UP WAIT | MAIL | | | |
| (Business Entity Nam | e) | | | |
| (Document Number) | | | | |
| Certified Copies Certificates | of Status | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | · |
|--|--|
| ANNA & MICHELE LLC SUBJECT: | |
| Name of L | imited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Cha | ange and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | er to the following: |
| LILIANA BIANCHI | |
| Name of Person | |
| ANNA & MICHELE LLC | |
| Firm/Company | |
| PO BOX 1875 | |
| Address | |
| BOCA RATON, FL 33429 | |
| City/State and Zip Code | |
| MICRONUSA@AOL.COM | |
| E-mail address: (to be used for future annual rep | port notification) |
| For further information concerning this matter, please | call: |
| ROMINA TRAFICANTE at (| 931-8630 |
| Name of Person | Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for the following amou | nt: |
| ■ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |
| INHS18 (2/14) | |

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N | ame of the limited liability company: ANNA & MICH | ELE L | LC | | | |
|------------------------------|--|--|--------------------------------|--|---|-------------------------|
| 2. (a) | 10700 WILES RD | | (b) | РО ВОХ | 1875 | |
| (-) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (6) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON) | |
| | CORAL SPRINGS FL. 33076 | | | BOCA RA | ATON FL,33429 | |
| | | | | | | |
| | 03/19/2002 | | 1. | .020000063 | 396 | |
| 3. | Date of filing/registration in Florida | 4. | _ | | Document number | |
| 5. (a) | LILIANA BIANCHI | | | | | |
| . (| Registered Agent and Registered Office shown on the records of | the Flo | rida 1 | Dept. of State | e: | |
| | 399 CAMINO GARDENS BLVD, | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | _ | | |
| | SUITE 304A | | | | | |
| | BOCA RATON . FL | 33432 | 2 | | - | |
| , L\ | LILIANA BIANCHI | | • | | _ | |
| (h) | Enter name of NEW Registered Agent and/or NEW Registered | Office | addı | ress: | - | |
| | 399 CAMINO GARDENS BLVD, | | | | 7-27 OCT | |
| | NEW Registered Office Address: | | | | - 2 | |
| | SUITE 300 | | | | ▽ | |
| | | | | | _ | |
| | BOCA RATON . FL | 33432 | 2 | | 9: 34 | |
| hann. | imited liability company is not organized under the lay or changes are made, the Florida street address of the | | | | A the bearing on Year of the contract of | ı |
| agent was/w the art | will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members a icles of organization or the increating agreement of the | ability of the l limite | con limit d lia | ipany, it is ed liability ibility com | s hereby confirmed that the change(s' y company or as otherwise provided ipany. |) in |
| | | R | OM | INA TRAF | FICANTE | |
| | ature of a member authorized representative of a member | | | | Printed or typed name of signee | |
| provisi the obj to mer | hy accept he appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflecta-change in the registered office address, I l d in writing of this change. | ve to a perfor d for it lierchy | uct in man n Ch ' con | t this capa we of my a apter 605, firm that t | acity. I further agree to comply with duties, and I am familiar with and ac , F.S. Or, if this document is being f the limited liability company has bee | the cept led n |
| Change | and the same and the same | | | | | |

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 F1LING FEE: \$25.00