## L09000096099

(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:							





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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SURJ	SINELLI INVESTMENT LL	С		
300		me of Limited	Liability Company	
Dear	Sir or Madam;			
The e	nclosed Registered Agent/Registered Of	fice Change an	d fee(s) are submitted for filing.	
Please	e return all correspondence concerning t	his matter to th	e following:	
LUIS	S SINELLI			
	Name of Person		<del></del>	
SINE	ELLI INVESTMENT LLC			
	Firm/Company	-	<u> </u>	2018 5 A.C.
121	SOUTH ORANGE AVE, SUITE 8	50		E SET
	Address	-		) 24 
ORL	ANDO, FL 32801			
	City/State and Zip Code		<del></del>	ANTI: 36
MILE	ENY@MAGICDEVELOPMENT.C	ОМ		
	E-mail address: (to be used for future ar	nual report not	ification)	
For fu	urther information concerning this matte	r, please call:		
LUIS	SSINELLI	407 at (	992 8802	
	Name of Person	\	Area Code & Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		R II P	AAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314	
	Enclosed is a check for the following	g amount:		
	<b>☑</b> \$25 Filing Fee		\$55 Filing Fee & Certified Copy	

INHS18 (2/14)

TO:

## 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

1. No	ame of the limited liability company: SINELLI INV	ESTMENT	LLC			
		(b)				
2. (11)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  121 SOUTH ORANGE AVE, SUITE 850  ORLANDO, FL 32801			
	121 SOUTH ORANGE AVE, SUITE 850	12				
	ORLANDO, FL 32801	O <sub>F</sub>				
	10/05/2009	L09	000096099			
3.	Date of filing/registration in Florida	4.	Document number		_	
<i>5</i> (a)	ALVAREZ, MILENY					
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dep	. of State:			
		<del>_</del>				
	Registered Office Address (MUST BE FLORIDA STREET					
	121 SOUTH ORANGE AVE, SUITE 850	· · · · · · · · · · · · · · · · · · ·				
	ORLANDOFI	J32801		<u></u>	2018	
/Lx	LUIS SINELLI				B SEP	1
(b)	Enter name of NEW Registered Agent and/or NEW Registered	<del></del> :		P 24	Carry A	
				iμς. Ω.,		page.
	NEW Registered Office Address:				AH II:	-
	121 SOUTH ORANGE AVE, SUITE 850		-	36		
	12.000,,, 5.4.4.02,,, 2,00,,4			17	-	
	ORLANDO , FI	32801				
the chagent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	nws of the Star of the registere liability compa of the limited e limited liabi	d office and the business of any, it is hereby confirmed Tiability company or as oth	office of the that the c	ie reg hang	gistered e(s)
Signa	nture of a member or authorized representative of a member		Printed or typed name	of signee		
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and completive agent as provided in the registered office address, I all in writing of this change.	pree to act in t e performance ed for in Chaj I hereby confo	his capacity. I further agr e of my duties, and I am far oter 605, F.S. Or, if this do om that the limited liability	ree to com miliar wit ocument is company	ply w h ana s bein has	ith the laccepa ig filed heen
Signati	ure of Registered Agent					