

L10000057115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

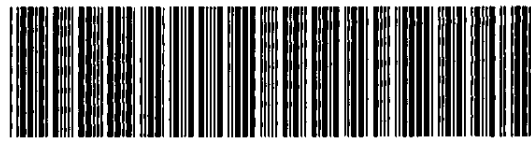
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
NOV 10 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMORE MIO ENTERPRISES, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RENEE ADWAR
Name of Person

RENEE ADWAR PA
Firm Company

848 BRICKELL AVENUE, SUITE 830
Address

MIAMI, FLORIDA 33131
City, State and Zip Code

RADWARPA@BELLSOUTH.NET
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

RENEE ADWAR at (305) 374-4422
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: AMORE MIO ENTERPRISES, LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 777 BRICKEL AVENUE, SUITE 170
MIAMI, FL 33131

(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) SAME

05/27/10

3. Date of filing/registration in Florida

4. Document number L10000057115

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State
Registered Agent: FREDERIC BARTHE, P.A.
Registered Office Address: ONE EAST BROWARD BLVD. # 700
FT. LAUDERDALE, FL 33301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: RENE ADWAR
NEW Registered Office Address: 848 BRICKEL AVENUE # 830
(MUST BE FLORIDA STREET ADDRESS) MIAMI, FL 33131

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

CHIARA BACCONI (MGRM)
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity, together with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

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

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