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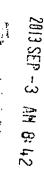
(Requestor's Name)
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J. SAULSBERRY EXAMINER

SEP 5 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SERAMALIA LLC	d Liability Company
	2 Date in the company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
MATTEO DELLE FRATTE	
Name of Person	
SERAMALIA LLC	~ ~
Firm/Company	
2961 1ST AVE N #F	\frac{\pi}{\sigma}
Address	
ST PETERSBURG FL 3371	•
City/State and Zip Code	1 0x
SERAMALIA@GMAIL.COM	1
E-mail address: (to be used for future annual report notification	
For further information concerning this matter, plea	ase call:
MATTEO DELLE ERATTE	727 412-0550
MATTEO DELLE FRATTE at (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 amo	ount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

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. Na	nme of the limited liability company: SERAMALIA LLC			
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 2961 1ST AVE N #F ST PETERSBURG	3 FL 33713	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2961 1ST AVE N #F ST PETERSBURG	3 FL 33713	
3. Da	ate of filing/registration in Florida	4. Document number	<u> </u>	
5 (a	Registered Agent and Registered Office shown on	the records of the Florida D	ept. of S	tate:
J. (u	Registered Agent:	JACOB FISHER		
	Registered Office Address:	13575 58TH STREET NORTH #200	<u> </u>	201
Registered Office Address.	Registered Office Address.	CLEARWATER FL 33760		- 63
				1
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office addr	<u>ess</u> :,	ω :
	NEW Registered Agent:	JOSEPH LOVETT	- ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	<u> </u>
NEW Registered Office Address:	NEW Registered Office Address:	2961 1ST AVENUE NORTH#D	<u> </u>	<u> </u>
	(MUST BE FLORIDA STREET ADDRESS)	ST PETERSBURG	,FL_3	13713
confinand the inthe or	limited liability company is not organized under the rmed that after the change or changes are made, the Fine business office of the registered agent will be identity company, it is hereby confirmed that the change(sembers of the limited liability company or as otherworking agreement of the limited liability company.	lorida street address of the tical. Or, in the case of a Fl was/were authorized by an	registered lorida lim affirmat	d office lited tive vote of
	O DELLE FRATTE	_		
I her comp and I Chap addin	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the prought and a light the provisions of all statutes relative to the property and familiar with and accept the offse for my left of the provision of my property is being filed to meast it being filed to meast. I hereby confirm that the limited liability compand the liability compand th	igree to act in this capacity oper and complete perform oper as registered agent a crely reflect a change in the y has been notified in writi	I furthe ance of n is provide registere ng of this	r agree to 1y duties, 2d for in 2d office change.

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