

L13000046936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

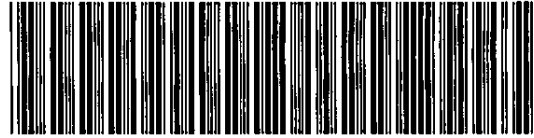
(Business Entity Name)

(Document Number)

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SHAWEN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASA JUNO 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:

OLIVER J. LONGOBARDI

Name of Person

CASA JUNO LLC

Firm/Company

10160 Aspen Way

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

o.j.longobardi@gmail.com

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

For further information concerning this matter, please call:

Oliver Longobardi

Name of Person

at (561) 379-4079

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

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. Name of the limited liability company: CASA JUNO LLC

2. (a) 10160 ASPEN WAY (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

PALM BEACH GARDENS
FL. 33410

3. March 29, 2013 4. L 13000046936
 Date of filing/registration in Florida Document number

5. (a) Eva Marie Oliver J. Longobardi
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

~~#0160~~ 12821 Ellison Wilson Road
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
North Palm Beach
 _____, FL 334808

(b) Oliver J. Longobardi
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

10160 Aspen Way
NEW Registered Office Address:
Palm Beach Gardens
 _____, FL 33410

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 TALLAHASSEE, FLORIDA

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.

Oliver J. Longobardi Oliver Longobardi
 Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply 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 for in Chapter 605, 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.

Oliver J. Longobardi
 Signature of Registered Agent