

L13000077768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

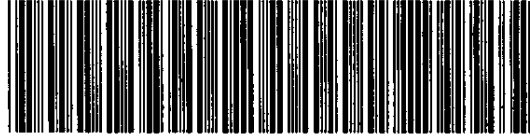
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400286433654

06/10/16--01013--009 **75.00

FILED
16 JUN 10 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 14 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JONMITO, 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:

ALESSANDRO CAMPILI

Name of Person

MARETIME VACATION SOLUTION, LLC

Firm/Company

1665 BAY RD. #418

Address

MIAMI BEACH, FL, 33139

City/State and Zip Code

MARETIMEVACATIONSOLUTION@GMAIL.COM

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

For further information concerning this matter, please call:

A.CAMPILI at (786) 253 2539

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

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: JONMITO, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1800 COLLINS AV. UNIT 10F

MIAMI BEACH, FL, 33139

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

66 WEST FLAGLER ST. UNIT 1002

MIAMI, FL, 33130

5/29/2013

L13000077768

3. Date of filing/registration in Florida

4. Document number

5. (a) CINOTTI LLP

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

66 WEST FLAGLER ST.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

UNIT 1002

MIAMI, FL 33130

(b) MARETIME VACATION SOLUTION, LLC

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1665 BAY RD.

NEW Registered Office Address:

UNIT 418

MIAMI BEACH, FL 33139

FILED
16 JUN 10 PM 3: 58
SECRETARY OF STATE
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.

[Signature]
Signature of a member or authorized representative of a member

ALESSANDRO CAMPILI
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.

[Signature]
Signature of Registered Agent