

L170000 93416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

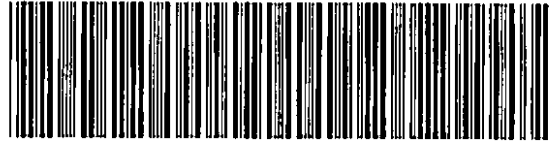
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

C. GOLDEN

JAN 12 2019

COVER LETTER

TO: Registration Section
Division of Corporations

Romanesco LLC

SUBJECT: _____
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:

Massimiliano Saieva

Name of Person

Romanesco LLC

Firm/Company

7285 SW 90th St APT D213

Address

Miami FL 33156

City/State and Zip Code

msaieva@gmail.com

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

For further information concerning this matter, please call:

Massimiliano Saieva

305

5631941

Name of Person 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 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.

Romanesco LLC

1. Name of the limited liability company: _____
2. (a) 7285 SW 90th St APT D213 MIAMI, FL 33156 (b) 7285 SW 90th St APT D213 MIAMI, FL 33156
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

04/27/2017

L17000093416

3. Date of filing/registration in Florida 4. Document number

Massimiliano Saieva

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7285 SW 90th St APT D213 MIAMI, FL 33156

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
7285 SW 90th St APT D213

Miami, FL 33156

- (b) Pizzarium INC

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

69 EAST FLAGLER STREET MIAMI, FL 33131

NEW Registered Office Address:
69 EAST FLAGLER STREET

Miami, FL 33131

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 SECRETARY OF STATE

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.

Massimiliano Saieva
 Signature of a member or authorized representative of a member

Massimiliano Saieva
 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.

Massimiliano Saieva
 Signature of Registered Agent