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COVER LETTER

	Registration Section Division of Corporations	
SUBJEC		ted Liability Company
Dear Sir	or Madam:	
The encl	osed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this	matter to the following:
	Ugo V. Chiarato 1680 Michigan Ave. Ste. 1022 Milling Beach, FL 33139	
	Firm/Company	
	Ugo V. Chiarato 1680 Michigan Ave. Ste. 1022 Miami Beach, FL 33139	·
U C	City/State and Zip Code O O O CPA COM I address: (to be used for future annual report notification)	ation)
	er information concerning this matter, p Ugo V. Chiarato 680 Michigan Ave. Ste. 1022 at (Miarui Beach FL, 33139	lease call: (305) 899.5099 Area Code & Daytime Telephone Number
Re Di Cl 26	FREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Eı	nclosed is a check for the following an	nount:
X	\$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 liability company submits the following statement in or agent, or both, in the State of Florida.	8.508, Florida Statutes, the undersigned limited der to change its registered office or registered
1. Name of the limited liability company: BAGG	
2. (a) Principal office address of limited liability compa	any: 1680 HICHIGANA VEH 1028
(Note: MUST BE STREET ADDRESS)	MIAMI BEACH FLORIM 3313
(b) Mailing address of limited liability company:	EAH)
(Note: MAY BE POST OFFICE BOX)	NSSEE,
JUNE 20, 2011 3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	on the records of the Florida Dept. of State:
Registered Agent:	RGPA REGISTERED AGENT CORP
Registered Office Address:	2601 S. BAYSHORE DRIVE SUITE 725 HIAMI FL 33133, VSA
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	EW Registered Office address: Ugo V. Chiarato 1680 Michigan Ave. Ste. 1022 Miami Beach, FL 33139 FL 33 [37]
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Piero ZANGARINI Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my to	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compa	position as registered agent as provided for in herely reflect a change in the registered office ny has been notified in writing of this change.