

A030000001238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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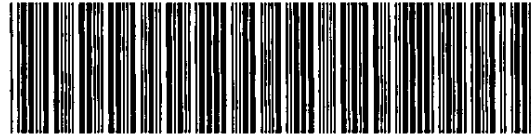
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 01 2013

D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COVELLI FAMILY LIMITED PARTNERSHIP II  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A03000001238

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Michael G. Marando

Contact Person

Harrington, Hoppe & Mitchell, Ltd.

Firm/Company

108 Main Ave. SW, Suite 500

Address

Warren, OH 44481

City, State and Zip Code

Bob.Fiorino@Covelli.com

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

For further information concerning this matter, please call:

Michael G. Marando

Name of Contact Person

at ( 330 )

392-1541

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE FLORIDA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. COVELLI FAMILY LIMITED PARTNERSHIP II  
Name of Limited Partnership or Limited Liability Limited Partnership
2. August 25, 2003 3. A03000001238  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Albert M. Covelli  
Name

6713 SE North Marina Way  
Address

Stuart, FL 34994  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Kevin Ricci  
Name

4300 West Cypress St., Suite 850  
Florida street address (P.O. Box not acceptable)

Tampa FL 33607  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

A.M. Covelli Company, Inc. , General Partner of Covelli Family  
By [Signature] Limited Partnership II  
Signature of Vice President

*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.*

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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