

L04000090790

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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K. SALY  
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SEP 13

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Chiodo Enterprises Series V 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:

Theresa Chiodo

Name of Person

Joyful Yoga

Firm/Company

21750 Langleaf Trail Dr

Address

Bonita Springs FL 39135

City/State and Zip Code

tess@joyfulyoga.com

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

For further information concerning this matter, please call:

Theresa Chiodo

Name of Person

at ( 239 ) 898 7256

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: Chiodo Enterprises Series Y LLC

2. (a) 3405 Pelican Landing Parkway (b) 21750 Longleaf Trail Dr.

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Bonita Springs FL 34134

Bonita Springs FL 34135

3. 01/10/05  
Date of filing/registration in Florida

4. L04000090790  
Document number

5. (a) Sam Chiodo  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10045 Idle Pine Ln  
Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

Bonita Springs FL  
34135

(b) ~~Theresa Chiodo~~ HC  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

21750 Longleaf Trail Dr.  
**NEW** Registered Office Address:

Bonita Springs, FL 34135

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.

Theresa Chiodo  
Signature of a member or authorized representative of a member

Theresa Chiodo  
Printed or typed name of signer

*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 of Registered Agent

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CLERK (OFFICE OF STATE  
TALLAHASSEE, FLORIDA)