

K05 0000 14413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

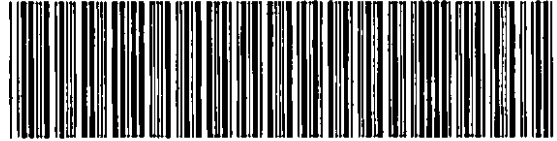
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T GLASS

JUN 21 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2019

ZEINA OSSI  
4482 WORTH DR S.  
JACKSONVILLE, FL 32207

SUBJECT: ANDALOSSO, LLC  
Ref. Number: L05000014413

We have received your document for ANDALOSSO, LLC, however, upon receipt of your document no check was enclosed. Please return your **document along** with a **check or money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call: (850) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 019A00010315

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AND  
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JUN 14 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Andalossi, 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:

Zeina Ossi

Name of Person

Andalossi, LLC

Firm/Company

4482 Worth Dr. S.

Address

Jacksonville, FL 32207

City/State and Zip Code

andalossi@andalossi.com

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

For further information concerning this matter, please call:

Zeina Ossi

Name of Person

at (972), 814-6292

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:

*already filed & paid online*

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

2019 JUN 14 PM 5:27  
FILED

APPROVED  
AND  
FILED

**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: Andalossi, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
4482 Worth Dr. S. 4482 Worth Dr. S.  
Jacksonville, FL 32207 Jacksonville, FL 32207

3. 02/10/05 4. LO50000014413  
 Date of filing/registration in Florida Document number

5. (a) Zeina Ossi  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
9107 Timberlin Lake Rd.  
 Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

Jacksonville, FL 32256

(b) Zeina Ossi  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
4482 Worth Dr. S.  
**NEW Registered Office Address:**

Jacksonville, FL 32207

APPROVED AND FILED  
 2019 JUN 14 PM 5:27  
 CLERK OF CIRCUIT COURT  
 JUDICIAL CIRCUIT IN AND FOR  
 FLORIDA COUNTY

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.

Zeina Ossi Zeina Ossi  
 Signature of a member or authorized representative of a member 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.

Zeina Ossi 4/1/19  
 Signature of Registered Agent