## L05000059666

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## COVER LETTER

COVI	ER LEITER
TO: Registration Section Division of Corporations	
SUBJECT: Alfredo Cellini (Name of Limit	red Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
John J. on adeo (Name of Person)	
Alfredo Cellini + Sas, 1 (Firm/Company)	hh C
26643 CastleView Way	<u> </u>
Wesley Chapel, FL 33543 (City/State and Zip Code)	3
For further information concerning this matter, pl	lease call:
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 an	nount:
\$25 Filing Fee	\$55 Filing Fee & Certified Conv

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Alfredo Cellini & Sons, LLC.
2. The mailing address of the limited liability company is: 1936 Broce B. Downs Blod
# 336; Wesley Clayd, FL 33543
3. Date of filing/registration in Florida  LOSO000 59 666  4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
US Corporation Agents Inc.
Name
MILILIAN Rd Suite 400
Mian. Bead, FL 33139
City, State and Zip
6. The name and address of the new registered agent and/or office:
John J. Donadeo
2 GC43 Castle View Way
Florida street address (P.O. Box NOT acceptable)
W. Man Chard El 33543
Weiley Chard FL 33543 City, State and Zip
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.
(Signature of a member anauthorized representative of a member)
(Printed or typed name of signce)
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 60% F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Ladreby confirm that the limited liability company has been notified in writing of the change.
(Signature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00 $\Rightarrow$