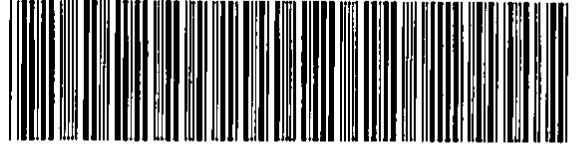


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION  
19 AUG 23 AM 9:46

LLC  
RACH  
8/28/19  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2019

MICHAEL NAJJAR  
2245 SW 16TH PL  
BOCA RATON, FL 33486

SUBJECT: ITALIAN MOBILI, LLC  
Ref. Number: L06000038467

We have received your document for ITALIAN MOBILI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 119A00014815

RECEIVED

2019 AUG 23 PM 12:03

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: italian mobili 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:

michael najjar  
Name of Person

italian mobili llc  
Firm/Company

2245 sw 16th pl  
Address

boca raton, fl 33486  
City/State and Zip Code

michael@spaziodicasa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

michael najjar at ( 786 ) 395-2109  
Name of Person 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: italian mobili,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**)

2245 sw 16th pl, boca raton fl, 33486

2245 sw 16th pl, boca raton, fl 33486

3. 04/13/2006 Date of filing/registration in Florida 4. LC6000038467 Document number

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

george najjar

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

2245 sw 16th pl, boca raton

FL 33486

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

michael najjar

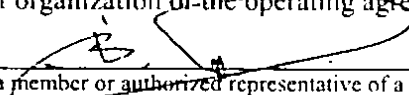
**NEW Registered Office Address:**

2245 sw 16th pl, boca raton

FL 33486


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DIVISION OF CORPORATIONS  
19 AUG 23 AM 9:46

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 or authorized representative of a member

george najjar  
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.

  
Signature of Registered Agent