

LO7000010559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

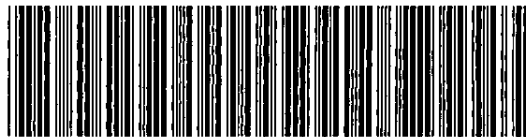
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FILED  
08 JUL 23 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

M. THOMAS

JUL 24 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fiorella Holdings, 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:

John N. Fiorella Sr.  
(Name of Person)

Fiorella Holdings, LLC  
(Firm/Company)

1410 NW Fork Rd  
(Address)

Stuart, FL 34994  
(City/State and Zip Code)

For further information concerning this matter, please call:

John N. Fiorella Sr. at ( 772 ) 349-1158  
(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

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TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: Fiorella Holdings, LLC

2. (a) Principal office address of limited liability company: 515 SE Central Parkway  
(Note: **MUST BE STREET ADDRESS**) Stuart, FL 34994

(b) Mailing address of limited liability company: 515 SE Central Parkway  
(Note: **MAY BE POST OFFICE BOX**) Stuart, FL 34994

01-26-2007  
3. Date of filing/registration in Florida

L07000010559  
4. Document number

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

Registered Agent: John N. Fiorella Sr.

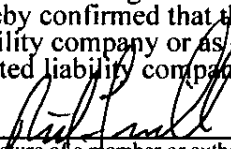
Registered Office Address: 731 SW Pinetree Lane  
Palm City, FL 34990

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

**NEW** Registered Agent: John N. Fiorella Sr.

**NEW** Registered Office Address:  
(**MUST BE FLORIDA STREET ADDRESS**) 1410 NW Fork Rd  
Stuart, FL 34994  
, FL

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)

John N. Fiorella Sr.  
(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 608, 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)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00**