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Division of Corporations

2/7/2019

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305)381-8108
Fax Number : (305)381-8109

19 FEB -7 AM 9:55
JLEB
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: asistentealaino@gmail.com

LLC REGISTERED AGENT CHANGE
2801, LLC

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2019 FEB -7 PM 1:43

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2801, 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:

VINCENZO ALAIMO
Name of Person

2801, LLC
Firm/Company

10726 NW 58th Street
Address

Doral, FL 33178
City/State and Zip Code

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

For further information concerning this matter, please call:

Marialsy Guevara at (305) 8545407
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

FILED
 19 FEB -7 AM 9:55
 TALLAHASSEE, FLORIDA
 REGISTRATION SECTION

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: 2801, 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**)

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) CALOGERO ALAIMO

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2801 SW 3 AVE

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

Miami, FL 33129

(b) VINCENZO ALAIMO

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

10726 NW 58th Street

NEW Registered Office Address:

Doral, FL 33178

FILED
19 FEB - 7 AM 9:55
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

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]
Signature of a member or authorized representative of a member

VINCENZO ALAIMO
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]
Signature of Registered Agent