## 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

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

Email Address:\_asistentaalaimo@gmail.com

## LLC REGISTERED AGENT CHANGE 2801, LLC

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FEB 0 8 2019

A. LUNT

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## **COVER LETTER**

	Registration Section Division of Corporations					
SUBJE	2801, LLC					
		Name of Limited Liability Company				
Dear Sir	or Madam:					
The enc	losed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning thi	s matter to the	following:			
VINCE	ENZO ALAIMO					
	Name of Person	<del></del>	_			
2801,	LLC					
	Firm/Company		····			
10726	NW 58th Street					
	Address			(S)		
Doral,	FL 33178					
	City/State and Zip Code			67.4 19.5 19.5		
asister	ntealaimo@gmail.com			78		
E-	mail address: (to be used for future ann	ual report notif	ication)	μ-		
For furt	her information concerning this matter,	please call:				
Marials	sy Guevara	305	8545407			
	Name of Person		Area Code & Daytime Telepi	none Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Illahassee, Florida 32314			
	Enclosed is a check for the following	amount:				
	■ \$25 Filing Fee	<b>□</b> \$	55 Filing Fee & Certified Copy			
INHS18	(2/14)					

## 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.

(a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Date of filing/registration in Florida		Document number
	CALOGERO ALAIMO	٦,	Document number
(a)	Registered Agent and Registered Office shown on the records o	Ethe Florida Divis	of State
	2801 SW 3 AVE	- 2.0 - 10:100 25-	5.5.4.4.
	Registered Office Address MUST BE PLORIDA STREET	ADDRESS)	· 19
	Miami, F	L 33129	TEB 1
(b)	VINCENZO ALAIMO		7 A
• - , ,	Enter name of NEW Registered Agent and/or NEW Registere	d'Office address:	70 9
	10726 NW 58th Street		9R13
	NEW Registered Office Address:		<del></del>
	Doral	 L 33178	<del></del>
char ent w s/we	mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization of the operating agreement of the	www of the State of the registered liability compan of the limited li e limited liabili	office and the business office of the register y, it is hereby confirmed that the change(s) iability company or as otherwise provided in
igueti	ure of a morpher of authorized representative of a member		Printed or typed name of signee
ereb visič obli	ny accept the appointment as registered agent and a first of all statutes relative to the proper and complet igations of my position as registered agent as provid ity reflect a change in the registered office address, it	gree to act in the e performance of led for in Chapte	is capacity. I further agree to comply with the firm duties, and I am familiar with and acceed to 5.5. Or, if this document is being file