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10/23/2017

Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (3071200-2803

: (855)330-1010 Fax Number

**Enter the email address for this business entity to be used torflutures annual report mullings. Enter only one email address please?

Email Address:__

LLC REGISTERED AGENT CHANGE MADE IN ITALY SHOWS, LLC

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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.

L No	ime of the limited liability company: MADE	IN ITALY	SHOWS, LLC	
2. (a)	704 KIWI CIRCLE		(b) 704 KIWI CIRCLE	
()	Principal office address of fimited liability company (Note: MUST BE STREET ADDRESS)	y.	Mailing address of limited hability company (Note: M. V BE POST OFFICE BON)	
	WINTER PARK, FL 32789	WI	NTER PARK, FL 32789	
			0091164	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	BARIMO, MILLICENT			
()	Registered Agent and Registered Office shown on the reco 704 KIWI CIRCLE	·		
	Registered Office Address (MUST BE FLORIDA STE	REET ADDRESS _{EY}	en en	
	WINTER PARK	_{.FL} 32789	FILED AND 23 AND SEE FR	
(p)	Registered Agents Inc. Internance of NEW Registered Agent and/or NEW Registered Agent Age	stered Office address	E STATE FLORIDA	
	NEW Registered Office Address:			
	STE 150A			
	Tampa	FL 33607		
the cha agent was/w	imited liability company is not organized under tange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memicles of organization or the operating agreement of	ess of the registered ited liability compar bers of the limited b of the limited liabili	office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ty company.	
·-	TRICE STATE LEADING TO THE TRICE OF a member of a memb	Riley Pa	Printed or typed name of signer	
I here provis the ob- to mer notific	thy accept the appointment as registered agent ar ions of all statutes relative to the proper and con ligations of my position as registered agent as pr ely reflect a change in the registered office addre d'insgriting of this change.	nd agree to act in the uplete performance ovided for in Chapters, I hereby continuities, istant Secretary	is connected I turther ourse to consulv with the	