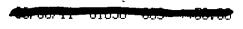
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TALLAHASSEE, FLORIDA

D. BRUCE
SEP 0 7 2011
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	DECT: SCA	ANNO GROUP LLC		
	——————————————————————————————————————	imited Liability Company		
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.		
Please	e return all correspondence concerning t	this matter to the following:		
	LUIO D OMITU			
	LUIS R SMITH Name of Person			
	Name of Person			
	JESSEL INVESTMENTS LLC	SEP -6 CKCTARY LAHASSI	,en.	
	Firm/Company		MH4 T	
		Sign of 1		
	11402 NW 41ST STREET SUITE	<u> </u>	7	
	Address	E211 FR SI	•	
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		RIDE 3		
	DORAL, FL. 33178	→		
	City/State and Zip Code			
LM.JESSEL@GMAIL.COM				
E-mail address: (to be used for future annual report notification)				
For fu	rther information concerning this matter	r, please call:		
	LUIS R SMITH	at (<u>305</u>) <u>470-2429</u>		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section Registration Section			
	Division of Corporations	Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32314			
	Tallahassee, Florida 32301			
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 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:	SCANNO GROUP LLC		
2. (a) Principal office address of limited liability company:			
(Note: MUST BE STREET ADDRESS)			
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)			
06/30/2008	L08000068159		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	PATRIZIA ABELLI		
Registered Office Address:	11271 NW 75TH LANE DORAL, FL. 33178		
·	TO Z III		
(b) Buter name of <u>NEW Registered Agent</u> and/or <u>NE</u>			
NEW Registered Agent:	LUIGI ABELLI		
<u>NEW</u> :Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7280 NW 114TH AVE APT #106 DORAL, FL, 33178		
	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			
LUIGI ABELLI			
Printed or typed name of algues	- ·		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the print and I am familiar with and accept the obligations of my posthapter 608, F.S. Or, if this document is being filed to menderess, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, stip as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.		
ordinates or vekincien vikult			