L09000026620

(I	Requestor's Name)			
(,	Address)			
	Address)			
V				
(6	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL.		
	Business Entity Name)		
·	,	,		
(Document Number)				
Certified Copies	Certificates of	f Status		
Special Instructions to Filing Officer:				





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

B. KOHR

AUG 21 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporation	ons		
SUBJECT: ENITUXIA GROUP, LLC. Name of Limited Liability Company				
		Name of Lim	ted Liaothty Comp	апу
Dear	Sir or Madam:			
The e	nclosed Registered Age	nt/Registered Offic	e Change and fee(s	s) are submitted for filing.
Please	e return all corresponder	nce concerning this	matter to the follo	_
	JORGE E. Name of	VERNAZZA Person		99 NUG 20 AN 10: 1-
	ENITUXIA G	ROUP, LLC.		SEE TO
	Firm/Con			OR THE
	10545 NW :	29TH TERR		D.M.
	Addres	s		
	MIAMI F	L 33172 I Zip Code		
· E	jorge@ver	nazza.com ture annual report notific	ation)	
For fu	rther information conce	rning this matter, p	lease call:	
	JORGE VERNA	ZZA at (\	470-0114
	Name of Person		Area Code &	Daytime Telephone Number
	STREET/COURIER A	DDRESS:	MAILING A	DDRESS:
	Registration Section		Registration S	ection
	Division of Corporations	3	Division of Co	orporations
	Clifton Building		P.O. Box 6327	7
	2661 Executive Center C		Tallahassee, F	lorida 32314
	Tallahassee, Florida 323	01		
	Enclosed is a check for	or the following ar	nount:	
	\$25 Filing Fee		\$55 Filing F	ee & 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.

angering of sommy are time state of 1 for man					
Name of the limited liability company:	ENITUXIA GROUP, LLC.				
2. (a) Principal office address of limited liability company:					
(Note: MUST BE STREET ADDRESS)	10545 NW 29TH TERR MIAMI FL 33172				
(b) Mailing address of limited liability company:					
_[√] (Note: MAY BE POST OFFICE BOX)	10545 NW 29TH TERR MIAMI FL 33172				
3-18-2009	L09000026626				
3. Date of filing/registration in Florida	4. Document number				
3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Gent. of States					
Registered Agent:	MARIA GONZALEZ TO S				
Registered Office Address:	18851 NE 29TH AVE AVENTURA FL 33180				
	\(\frac{1}{2}\):				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:				
NEW Registered Agent:	JORGE E. VERNAZZA				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10545 NW 29TH TERR				
	MIAMI ,FL_33172				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other than the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office stical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote rwise provided in the articles of organization				
Printed or typed name of signee	_				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, I.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company. Signature of registered Agent	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.				
Division of Corporations, P.O. Box 63 FILING FEE: \$	•				