	(Requestor's Name)
	(Address)
<u> </u>	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	A. LUNT

APR 20 2010

**EXAMINER** 

Office Use Only

600176075856

04/19/10--01010--011 \*\*25.00

FILED

## **COVER LETTER**

то:	Registration Section Division of Corporations					
SUBJ			nvestments LLO Liability Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered	Office C	Change and fec(s) a	re submitted t	for filing.	
Please	return all correspondence concernin	g this ma	atter to the following	ng:		
	Jesus Renzoli					
	Name of Person	<del></del>				<b>~</b> 3
					E C	2010 APR 19
	Renzoli Investments LLC					200
	Firm/Company				775	_
	1504 NE 33rd Terrace Address	<del></del>			SEEL FLORIDA	) PH 2: 47
	Cono Corol El 22000				,-	
	Cape Coral FL, 33909 City/State and Zip Code					
	City/state and Zip Code					
	jrenzoli@gmail.com -mail address: (to be used for future annual report rther information concerning this ma					
	Jesus Renzoli	at (	703 )	868-7508	₹	
	Name of Person	at (	<del></del>	aytime Telephone		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADD Registration Sect Division of Corp P.O. Box 6327 Tallahassee, Flor	DRESS: tion orations		
	Enclosed is a check for the follow	ing amo	unt:			
	\$25 Filing Fee		\$55 Filing Fee	& Certified (	Сору	

## 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. Nar	ne of the limited liability company:	Renzoli Investments LLC				
2. <u>(a)</u>	Principal office address of limited liability compar	nny: Renzoli Investments LLC				
	(Note: MUST BE STREET ADDRESS)	1504 NE 33rd Terrace Cape Coral FL, 33909			<del></del>	
(b)	Mailing address of limited liability company:	Renzoli Investme	ents Ll	_C		
<u> </u>	(Note: MAY BE POST OFFICE BOX)	1504 NE 33rd Terrace Cape Coral, FL 33909				
	4/30/09	L09000041947				
3. Dat	e of filing/registration in Florida	4. Document number				
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida D	ept. of	State:		
	Registered Agent:	Jesus Renzoli Jr				
	Registered Office Address:	7330 Harding Ave #19 Miami Beach FL, 33141	A C	2010 APR	 	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:		W Registered Office address Jesus Renzoli Jr 1504 NE 33rd Terrace	ARY OF STATE	19 PM 2:48		
	(MUST BE FLORIDA STREET ADDRESS)	Cape Coral	,FI	33909		
confirmand the liability of the confirmation or the confirmation in the confirmation i	imited liability company is not organized under the ned that after the change or changes are made, the le business office of the registered agent will be idently company, it is hereby confirmed that the change (smembers of the limited liability company or as other operating agreement of the limited liability company or as other company or as other company or as other limited liability or limited liability company or as other limited liability or liability or limited liability or limited liability or limited liability or limited liability or liabil	Florida street address of the	register	ed offic	e ite on	
Printed o	Jesus Renzoli or typed name of signee	<del></del>				
I herei comply and I a Chapte addres	by accept the appointment as registered agent and with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of my power to the configurations of my power to the configuration of the companies of the configuration of the companies of the configuration of the companies of the configuration of the c	agree to act in this capacity. roper and complete perform osition as registered agent a erely reflect a change in the ny has been notified in writin	I furth ance of s provi registe ig of th	her agre my duti ded for i red offic is chang	e to es, in e e.	
Signatur	e of Registered Agent					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)