

LO9000 121215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

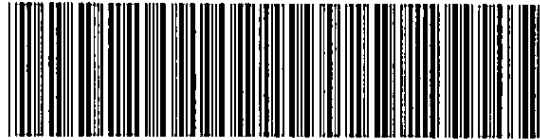
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000329285170

05/20/19 -01040--025 \*\*25.00

S TALLENT

JUN 05 2019

2019 MAY 20 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

R/A-ut

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CARI INVESTMENTS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RINA BABUINI

Name of Person

CARI INVESTMENTS LLC

Firm/Company

8689 BOCA DRIVE

Address

BOCA RATON, FL 33433

City/State and Zip Code

ANGELAGRIECO@MAC.COM ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA GRIECO

Name of Person

561

at ( )

8431712

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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 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.*

1. Name of the limited liability company: CARI INVESTMENTS, LLC

2. (a) 8689 BOCA DRIVE  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
UNIT 21  
BOCA RATON, FL 33433

(b) 8689 BOCA DRIVE  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
UNIT 21  
BOCA RATON, FL 33433

3. 12/21/2009 Date of filing/registration in Florida

4. L09000121215 Document number

5. (a) RINA BABUINI  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
8689 BOCA DRIVE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
UNIT 21  
BOCA RATON, FL 33433

(b) WILLIAM JOSEPH GRIECO JR  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
8689 BOCA DRIVE  
NEW Registered Office Address:  
UNIT 21  
BOCA RATON, FL 33433

**FILED**  
2019 MAY 20 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, 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.

Rina Babuini  
Signature of a member or authorized representative of a member

RINA BABUINI  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

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