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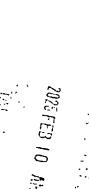
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I200	00000195	,
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REFERENCE : 934880 8470073

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: January 30, 2025

ORDER TIME : 10:38 AM

ORDER NO. : 934880-005

CUSTOMER NO: 8470073

CHANGE OF AGENT

NAME: ROSELLI HOLDINGS IV, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: ____

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. 1	Name of the limited liability company: ROSELLI HOLD	DINGS I	V, LLC				
			b)				
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	,	Mailing address o (Note: MAY B	f limited lia	ability c	ompany;
	3471 NORTH FEDERAL HIGHWAY SUITE 600		3471 NORTH FEDERAL HIGHWAY SUITE				
	FORT LAUDERDALE, FL 33306		FORT LAUDERDALE, FL 33306				
	06/04/2010		L1000006	60161			
3.	Date of filing/registration in Florida	4.		Document nu	mber		-
5. (a	ı)						
	Registered Agent and Registered Office shown on the records of ROSELLI & ASSOCIATES, P.A.	the Floric	la Dept. of Stat	te:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>	_			
	3471 N. FEDERAL HIGHWAY SUITE 600						
	FORT LAUDERDALE	33306		_	TÄLLÄHÄSSEE, FLORIDA	2025 F	·
					HA:	FE8	-
(b	Enter name of NEW Registered Agent and/or NEW Registered	i Office a	ddens	-	SE	0	
	Earth name of 1929 Registered Agent and of 1929 Registered	a Connec a	uuress.			A	
	Corporation Service Company				LOR	AM II: 43	
	NEW Registered Office Address:			_	i i:	ည်	
	1201 Hays Street			_	_		
	Tallahassee, FI	32301		_			
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members eticles of organization or the operating agreement of the	ws of the register ability c of the lir	ed office an ompany, it i nited liabilit	nd the business is hereby confir ty company or :	office of med that	the reg	gistered ange(s)
	obert M Roselli	Ro	Robert M Roselli, Authorized Person				
Sign	nature of a member or authorized representative of a member			Printed or typed	name of si	gnee	- <u>-</u> -
provi the o to me	reby accept the appointment as registered agent and age sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erely reflect a change in the registered office address, I ed in writing of this change.	ree to ac perforn d for in hereby c	t in this cap nance of my Chapter 605 confirm that	acity. I further duties, and I an 5, F.S. Or, if th the limited liah	- agree to m familia us docum pility com	comp r with ent is pany l	ly with the and accept being filed as been
Signa	Luce C. Kubly ture of Registered Agent						
	E. Kirby, Asst. Vice President						

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