

L11000005597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

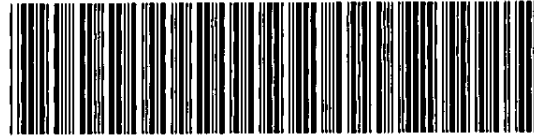
(Business Entity Name)

(Document Number)

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FILED  
2012 FEB 20 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

FEB 21 2012

EXAMINER

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

CHANGE ALSO MANAGER ADDRESS FROM 1372 S. VENETIAN WAY H.B. FL 33139  
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. To

1. Name of the limited liability company: LAPRISMA LLC  
2. (a) Principal office address of limited liability company: 1680 MICHIGAN AVE # 1022  
MIAMI BEACH FL 33139  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

01.12.2011

3. Date of filing/registration in Florida

L-14 000005597

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

SCHLICHTE PAUL G ESQ

Registered Office Address:

2134 HOLLYWOOD BLVD

HOLLYWOOD - FL 33020

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent:

Ugo V. Chiarato

NEW Registered Office Address:

1680 Michigan Ave. Ste. 1022

(**MUST BE FLORIDA STREET ADDRESS**)

Miami Beach, FL 33139

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.

Eugenio Marrapodi  
Signature of a member or authorized representative of a member

EUGENIO MARRAPODI  
Printed or typed name of signee

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 608, 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.

Ugo V. Chiarato  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00