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J. HARRIS

COVER LETTER

TO:	TO: Registration Section Division of Corporations		
SUBJE	9C1:	INO UC	
Name of Limited Liability Company			
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning this	s matter to the following:	
Dar	NIELE MOSSINI		
Name of Person			
PE	ESCIOUM LLC		
Firm/Company			
2-3	378 SW 26TH Lr	J	
	Address		
М	IAMI - FL - 3313	3	
	City/State and Zip Code		
d	ani ele mo ssini Q	me, com	
E	-mail address: (to be used for future annu	ual report notification)	
For fur	ther information concerning this matter,	please call:	
DANIELE MOSSINI at 786,757 4274			
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Tallahassee, Florida 32301		
Enclosed is a check for the following amount:			
	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	
INHSI	8 (2/14)		

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.

O- Co. O. I. O.
1. Name of the limited liability company: PESCIOLINO LLC
2. (a) PESCIOLINO LLC (b) PESCIOUNO LLC
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2378 SW 26th LN 2378 SW 26th LN
MIAMI - FL - 33133 MIAMI - FL - 33133
04-18-2011 L11 0000 11 975
3. Date of filing/registration in Florida 4. Document number
5. (a) RGPA NEGISTERED AGENT CORP
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3370 MARY STREET
Registered Office Address MUST BE FLORIDA STREET ADDRESS
<u> ガ (A ガ) </u>
(b) DANIELE MOSSINI
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
2378 SW 26th LN
$\mathcal{M}(A\pi)$, FL 33133
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.
DANIZIE POSSINI - PRESIDENT
Signature of a member or authorized representative of a member 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 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 of Registered Agent