## L11000038838

(Re	questor's Name)
(Add	dress)
(Add	dress)
· (Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu:	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:
20	20
· <u>0</u>	Office Use Only
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JUN 1 0 2020 S. YOUNG

## **COVER LETTER**

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INHS18 (2/14)

TO:	Registration Section Division of Corporations									
SURI	ECT:	LOVO	S	27,UU	LLC					
3010	Name of Limited Liability Company									
Dear S	Sir or Madam:									
The er	nclosed Registered Agent/Registered (	Office Change ar	nd fee(s) a	re submitted for filing.						
Please	return all correspondence concerning	g this matter to th	ie followii	ng:						
Ciro C	ampagnoli									
	Name of Person	<u>.                                    </u>	<del></del>							
	Firm/Company									
2727	Hilola St									
	Address		<del></del>							
Miami	, FL 33133									
	City/State and Zip Cod	e								
ciroca	mpagnoli@gmail.com									
	E-mail address: (to be used for future	annual report no	tification)							
For fu	rther information concerning this mat	ter, please call:								
	Ciro Compagn	o \i at (			_5088.					
	Name of Person		Area	Code & Daytime Tele	phone Number					
	Mailing Address:			et Address:						
	Registration Section Division of Corporations		_	istration Section						
	P.O. Box 6327			ision of Corporations Centre of Tallahasse						
	Tallahassee, FL 32314			5 N. Monroe Street, S						
				ahassee, FL 32303						
	Enclosed is a check for the follow	ing amount:								
	■ \$25 Filing Fee	0	\$55 Filin	g Fee & Certified Copy	<b>y</b>					

## 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.

) _	1001 Brickell Bay Dr ste 2508	(b)					
<i>,</i> –	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	М	lailing address ( (Note: MAY E		•	
	Miami, FL, 33131		<del></del>		_		
(	03/31/2011	 L110	000388	38			<del>-</del> .
	Date of filing/registration in Florida Guido Po	4.	Ī	Document nu	mber	_ ,	
)	Registered Agent and Registered Office shown on the records of t 1001 Brickell Bay Dr ste 2508	he Florida Dept	i. of State:		-01	2020 HAY 2	
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	, FL				ر اور اور اور اور اور اور اور اور اور او	AM 6:	
) _	Ciro Campagnoli					39	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	;				
	382 NE 191st St, PMB 80405	<u></u>					
	NEW Registered Office Address:						
	Miami	33179-3899					
ge w ve	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	s of the State registered of bility compa f the limited	fice and ny, it is liability ity comp	the business hereby conficompany or bany.	office of the of the of the office of the of	ne regis he chan	tered ge(s)
ายเ	ure of a member or authorized representative of a member			Printed or types	I name of sign	nee	<del></del> .
eb sid bli re	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change.	ee to act in the performance I for in Chaptereby confiri	nis capae of my di ter 605, m that th	citv. I furthe uties, and I a F.S. Or, if the he limited lia	r agree to o m familiar his docume bility comp	comply with ar nt is be any has	with the id accep ing filed s been

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