

41000093332

(Requestor's Name) -

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

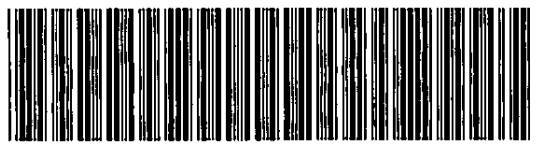
(Business Entity Name)

(Document Number)

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S. YOUNG

2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

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Date:	October 26, 2015	AE: Jody Moua
TO:	Florida Department of State PO Box 6327 Tallahassee, FL 32314	H1080 REFERENCE: 920554

FAX:

PLEASE PERFORM THE FOLLOWING:

LUCINI ITALIA COMPANY, LLC

Change of Registered Agent

IN: FL

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUCINI ITALIA COMPANY, 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:

JODY MOUA

Name of Person

PARACORP INCORPORATED

Firm/Company

PO BOX 160568

Address

SACRAMENTO, CA 95816

City/State and Zip Code

annualreports@myparacorp.com

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

For further information concerning this matter, please call:

JODY MOUA

Name of Person

at (800) 533-7272

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

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TALLAHASSEE, FLORIDA

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: LUCINI ITALIA COMPANY, LLC

2. (a) <u>Principal office address of limited liability company:</u> (Note: <u>MUST BE STREET ADDRESS</u>) <u>1441 BRICKELL AVE., SUITE 1410</u> <u>MIAMI, FL 33131</u>	(b) <u>Mailing address of limited liability company:</u> (Note: <u>MAY BE POST OFFICE BOX</u>) <u>1441 BRICKELL AVE., SUITE 1410</u> <u>MIAMI, FL 33131</u>
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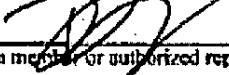
3. <u>08/12/2011</u> Date of filing/registration in Florida	4. <u>L11000093332</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Paracorp Incorporated
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
236 East 6th Avenue
Tallahassee, FL 32303

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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.

 Signature of a member or authorized representative of a member	Dana Goodman Printed or typed name of signer
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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.

L. Burleson, Leticia Burleson, Assistant Secretary
 Signature of Registered Agent