

L11000107047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

FEB 20 2011

EXAMINER

Office Use Only



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02/17/12--01014--010 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 17 PM 4:02

FILED

February 13, 2012

To whom this concerns,

I am requesting a change of address on several corporations I own. I believe I have filled out the proper paperwork and I have included the fee/charge.

If you have any questions please call me.

A handwritten signature in black ink, appearing to read 'Marco Dessimone', with a long horizontal flourish extending to the right.

Marco Dessimone

305 915-7509

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2311 SW 24 ST 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:

Marco Dessimone

Name of Person

2311 SW 24 ST LLC

Firm/Company

2520 Coral Way Suite 2-164

Address

Miami FL 33145

City/State and Zip Code

m916@aol.com

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

For further information concerning this matter, please call:

Marco Dessimone

Name of Person

at (305)

915-7509

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

FILED
2012 FEB 17 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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.

1. Name of the limited liability company: 2311 SW 24 ST LLC

2. (a) Principal office address of limited liability company: 2520 Coral Way Suite 2-164

(Note: MUST BE STREET ADDRESS)

Miami FL 33145

(b) Mailing address of limited liability company:

PO Box 45-0392

(Note: MAY BE POST OFFICE BOX)

Miami FL 33245

9/19/2011

3. Date of filing/registration in Florida

4. Document number

L11000107047

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

Registered Agent:

Marco Dessimone

Registered Office Address:

2311 SW 24 ST

MIAMI FL 33145

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

NEW Registered Agent:

Marco Dessimone

NEW Registered Office Address:

2520 Coral Way Suite 2-164

(MUST BE FLORIDA STREET ADDRESS)

Miami, FL 33145

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

Marco Dessimone

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 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.


Signature of Registered Agent

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

FILING FEE: \$25.00