## 111000 116372

| (Requestor's Name)                      |
|---|
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (Ottyrotate/Zipir Hone #)               |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

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## COVER LETTER

| TO:               | Registration Section Division of Corporations  |                     |   |  |  |  |
|-------------------|--|---------------------|---|--|--|--|
| SUBJE             | STRATEGIC ASSETS PURCHASE LLC  |                     |   |  |  |  |
| 0020.             | Name of Limited Liability Company  |                     |   |  |  |  |
| Dear S            | ir or Madam:   |                     |   |  |  |  |
| The en            | closed Registered Agent/Registered Off   | ice Change and f    | ec(s) are submitted for filing.   |  |  |  |
| Please            | return all correspondence concerning th  | is matter to the fo | ollowing:   |  |  |  |
| CALC              | OGERO ALAIMO   |                     |   |  |  |  |
| _                 | Name of Person   |                     | _   |  |  |  |
| STRA              | ATEGIC ASSETS PURCHASE LL  | С                   |   |  |  |  |
|                   | Firm/Company   |                     | _   |  |  |  |
| 10726             | 6 NW 58 ST.  |                     |   |  |  |  |
|                   | Address  |                     | _   |  |  |  |
| MIAM              | 11 FL. 3178  |                     |   |  |  |  |
|                   | City/State and Zip Code  |                     | _   |  |  |  |
| ASIS <sup>3</sup> | TENTEALAIMO@GMAIL.COM  |                     |   |  |  |  |
| E                 | E-mail address: (to be used for future ann   | ual report notific  | cation)   |  |  |  |
| For fu            | rther information concerning this matter,  | please call:        |   |  |  |  |
| CALC              | OGERO ALAIMO   | 305<br>at (         | 8545407   |  |  |  |
|                   | Name of Person   |                     | Area Code & Daytime Telephone Number  |  |  |  |
|                   | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Reg<br>Divi<br>P.O. | ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314 |  |  |  |
|                   | Enclosed is a check for the following amount:  |                     |   |  |  |  |
|                   | ☑ \$25 Filing Fee  | □ <b>\$</b> 55      | Filing Fee & Certified Copy   |  |  |  |

INHS18 (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.

| 2. (a)                                 | 10726 NW 58 ST. MIAMI FL 33178  | (b)   |   |
|--|---|---|---|
| (u)                                    | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|  | 10/11/2011  | L110  | 000116372   |
| 3.                                     | Date of tiling/registration in Florida  | 4.  | Document number   |
| 5. (a)                                 | VINCENZO ALAIMO   |   |   |
| ·                                      | Registered Agent and Registered Office shown on the records 10726 NW 58 ST 33178  | of the Florida Dept. o  | of State:   |
|  | Registered Office Address (MUST BE FLORIDA STREE  | T ADDRESS)  |   |
|  | MIAMI .   | 33178<br>FL   |   |
| (b)                                    | Enter name of NEW Registered Agent and/or NEW Register CALOGERO ALAIMO  | red Office address:   | FILE 2019 NOV -6 AH SECRETARY OF A  |
|  | NEW Registered Office Address:  |   | - 100 m   |
|  | 10726 NW 58 ST  |   | ——————————————————————————————————————  |
|  | MIAMI   | FL_33178  |   |
| the chargent was/w<br>was/w<br>the art | imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited cre authorized by an affirmative vote of the member icles of organization or the operating agreement of the distribution of authorized representative of a member by accept the appointment as registered agent and clions of all statutes relative to the proper and completing to the proper and completely reflect a change in the registered office address. | of the registered I liability compan's of the limited liability be limited liability VINCEN | office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.  IZO ALAIMO  Printed or typed name of signee  is capacity. I further agree to comply with the |