

L120000020022

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515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

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ACCT. #FCA-23

CONTACT: **MICHELE HOLDEN**

DATE: **04/23/14**

REF. #: **9122754**

CORP. NAME: **MONTENAPOLEONE, LLC**

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |

(XX) OTHER: CHANGE OF REGISTERED AGENT

STATE FEES PREPAID WITH CHECK# 70019009 **FOR \$** 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**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: MONTENAPOLEONE, LLC
2. (a) 999 BRICKELL AVENUE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 900
MIAMI, FL 33131
- (b) 999 BRICKELL AVENUE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SUITE 900
MIAMI, FL 33131
- 02/10/2012
Date of filing/registration in Florida
- L12000020022
Document number

3. LORUSSO, STEFANO
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

999 BRICKELL AVENUE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 900
MIAMI, FL 33131

- (b) NRAI SERVICES, INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1200 SOUTH PINE ISLAND ROAD

NEW Registered Office Address:

PLANTATION, FL 33324

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.

SU [Signature]
Signature of a member or authorized representative of a member

STEFANO LORUSSO
Printed or typed name of signer

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]
Signature of Registered Agent

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14 APR 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA