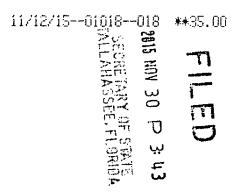
L1200051279

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



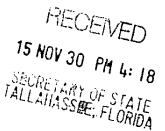
800278966558



DEE O 1 2015 BRUCT



FLORIDA DEPARTMENT OF STATE Division of Corporations



November 13, 2015

KAREN A MASSINELLO 7750 OKEECHOBEE BLVD, SUITE 4-558 WEST PALM BEACH, FL 33411

SUBJECT: MASSINELLO REALTY, LLC

Ref. Number: L12000051279

We have received your document for MASSINELLO REALTY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 615A00024025

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Karen A. Ma	SSinello Person
Massinello Reall Firm/Cor	ipany
7750 Okeechober Addres	s Blod Suite 4-558
West Palm Beach City/State an	th AL 3341) d Zip Code AL AHASSE
Karen Mass I nollo E-mail address: (to be used	d Zip Code A A A Com for future annual report notification) A A A A A A A A A A A A A A A A A A A
For further information concerning	g this matter, please call:
Karen A Massinell Name of Person	at (561) 715-9198 Area Code & Daytime Telephone Number
STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	Registration Section Division of Corporations P.O. Box 6327 ircle Tallahassee, Florida 32314
Enclosed is a check for t	the following amount:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

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.

Tiorius.
1. Name of the limited liability company: Massinello lealty UC
2 (a) 7750 OKee chobee Blud Sk 4.558 (b) 7750 Okeechobee Blud Sk 4.558
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
West Palm Boh, Pl 33411 WPB Pl 33411
Sted - efective date
4/13/12 11/20/15 11/15/07 600051279
3. Date of filing/registration in Florida 4. Document number
5. (a)
Registered Agent and Registered Office snown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
,FL
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
7750 Okee chobee Blud 5fc 4-558 NEW Registered Office Address:
West Palm Bch Pl 33411
Wast faum bon re 3591
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 Karen A Massinello 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 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. Laves by Mass will Signature of Registered Agent