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COVER LETTER

TO: Registration Section Division of Corporations

Sorellina Investments LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Collin

Name of Person

Sorellina Investments LLC

Firm/Company

PO Box 3031

Address

Palm Beach, FL 33480

City/State and Zip Code

misscheryl72@yahoo.com

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

For further information concerning this matter, please call:

Cheryl Collin	561 429-8477 at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS	: MAILIŅG ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the follo	wing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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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. N	ame of the limited liability company: Sorellina Inv	vestmę	nts LLC	
2. (a)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) 327 Dyer Road		(b)	
	West Palm Beach, FL 33405		Palm Beach, FL 33480	
	7/5/2012		L12000087759	
3. 5. (a)	Date of filing/registration in Florida Cheryl Collin - Mgr	4.	Document numb	er
D. (a)	Registered Agent and Registered Office shown on the records Jules Franco - Registered Agent	of the Flor	ida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREE) 327 Dyer Road	<u>T ADDRE</u>	<u>\$\$57</u>	
	West Palm Beach . I	FL 3340)5 	stant orvision 17 JUL
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> <u>327</u> <u>Dyp</u> <u>R</u> <u>2</u> <u>-</u> <u>NEW</u> Registered Office Address:	ed Office	address:	L 20 AM ID: 45
	West Palm Blach	PL	33405	
the ch agent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited vere authorized by an affirmative vote of the member ticles of organization or the operating agreement of the florida limited by a street address of the member ticles of organization or the operating agreement of the florida limited by a street address of the members of the florida limited by an affirmative vote of the members of the members of organization of the operating agreement of the florida limited by a street address of the members of the florida limited by a street address of the members of the members of the florida limited by a street address of the members of the florida limited by a street address of the florida limited by a street address of the members of the florida limited by a street address of	of the re liability s of the l he limite	gistered office and the business company, it is hereby confirme imited liability company or as c	office of the registered that the change(s)
Signature of a member or authorized representative of a member			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.

Signature of Registered Agent