1300063665

(Requestor's Name)				
(Ad	dress)			
				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
Change Mais address to new Bobx - Per Chargl.				
to new	, Ko Bo	× -		
Per	Charse			
	W.	h		
Office Head Only				



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SEURE FART OF SIZE DIVISION OF CORPORATION

M. MILLIGAN

AUG 0 3 2017

COVER LETTER Name of Limited Liability Company The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

City/State and Zip Code misscheryl72@yahoo.com

Palm Beach, FL 33480

TO:

SUBJECT:

Dear Sir or Madam:

Cheryl Collin

Bucati LLC

PO Box 3031

Registration Section **Division of Corporations**

Bucati LLC

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

For further information concerning this matter, please call:

Name of Person

Firm/Company

Address

Cheryl Collin 561 429-8477 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

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

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.

l. Na	ime of the limited liability company: Bucati LLC	!		
2. (a)		_	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	327 Dyer Road		РО Вох	
	West Palm Beach, FL 33405	_	Palm Be	each, FL 33480
	5/1/2013		L130000	63665
3. 5. (a)	Date of filing/registration in Florida Cheryl Collin - Mgr	4.		Document number
J. (W)	Registered Agent and Registered Office shown on the records of th Jules Franco - Registered Agent	ie Floi	ida Dept. of Stat	- e:
	Registered Office Address (MUST BE FLORIDA STREET AD 327 Dyer Road	DDRI	<u>:ss)</u> 	- - 9₽
	West Palm Beach	3340	5	nr 2
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>)ffice	address:	L 20 AM
	327 Ofer 72 NEW Registered Office Address:			AM 10: 44
	West Palm Beach .FL		33/05	_
the cha agent w was/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liaber.	he re pility the l imite	gistered offic company, it i imited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in mpany.
Signal	ture of a member or authorized representative of a member	_	<u> </u>	Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided My reflect a change in the registered office address, I ha I in writing of this change.	e to e erfor for i erehy	uct in this cap rmance of my n Chapter 602 confirm that	acity. I further agree to comply with the duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent