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



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J. HARRIS

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | |
|--|---|--|--|--|--|--|--|
| JONMITO, LLC SUBJECT: | | | | | | | |
| Name of Limited Liability Company | | | | | | | |
| Dear Sir or Madam: | | | | | | | |
| The enclosed Registered Agent/Registered Office | ce Change and fee(s) are submitted for filing. | | | | | | |
| Please return all correspondence concerning this | s matter to the following: | | | | | | |
| ALESSANDRO CAMPILI | | | | | | | |
| Name of Person | <u> </u> | | | | | | |
| MARETIME VACATION SOLUTION, LL | .c | | | | | | |
| Firm/Company | | | | | | | |
| 1665 BAY RD. #418 | | | | | | | |
| Address | | | | | | | |
| MIAMI BEACH, FL, 33139 | | | | | | | |
| City/State and Zip Code | | | | | | | |
| MARETIMEVACATIONSOLUTION@GM | MAIL.COM | | | | | | |
| E-mail address: (to be used for future annu | nal report notification) | | | | | | |
| For further information concerning this matter, | please call: | | | | | | |
| A.CAMPILI | 786 253 2539 | | | | | | |
| 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.

| Pl | oride | a. | | | | | | |
|--|----------------|---|----------------|---|----------------------------------|-----------------|-------------------|--------------------------------|
| 1. | Na | ame of the limited liability company: | С | | | | | <u>.</u> |
| 2. | (a) | | | (b) | | | | |
| | ` ' | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1800 COLLINS AV. UNIT 10F MIAMI BEACH, FL, 33139 | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | | | | 66 WEST FLAGLER ST. UNIT 1002 | | | | |
| | | | | MIAMI, FL, 33130 | | | | |
| | | 7417 HVII BENON, 1 E, 00 100 | | | | | | <u> </u> |
| | | 5/29/2013 | | L1300007 | 7768 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document nun | nber | | |
| | (a) | CINOTTI LLP | | | | | | |
| | (/ | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | | |
| | | 66 WEST FLAGLER ST. | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | | |
| | | UNIT 1002 | | | | | | |
| | | MIAMI , FL | 3313 | 0 | SE SE | | | |
| | (b) | MARETIME VACATION SOLUTION, LLC | | | | | | |
| | (-) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | ω (Δ) (T) | 55년 삼년 | 0 | 1 |
| | | 1665 BAY RD. | | | SEF. FLORID | | PH 3: | |
| | | NEW Registered Office Address: | | | (D) | E | 8 2 | വ |
| | | UNIT 418 | | <:, | | | | |
| | | MIAMI BEACH, FL | 3313 | 9 | | | | |
| the ag | e cha ent v | imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of preanization or the operating agreement of the | the regability | gistered office company, it is | and the busine hereby confirm | ess of ned t | ffice of that the | of the registered he change(s) |
| | | Kyl | | ESSANDR | | | | |
| 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 chapte in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this chapte.

Signature of Registered Agent