## U3000145817

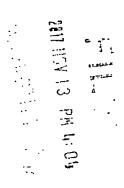
(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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J. HARRIS

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	BELLINI 1204, LLC		
		e of Limited Liability Company	
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ce Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning th	s matter to the following:	
MARG	CIA MORAIS DONATO		
	Name of Person		
	Firm/Company		
6846	LOST GARDEN TERRACE		
	Address		
PARK	(LAND, FL 33076		
	City/State and Zip Code	<del></del>	
marcia	aitalia@hotmail.com		
E	-mail address: (to be used for future ann	al report notification)	
For furt	ther information concerning this matter,	please call:	
MARC	CIA MORAIS DONATO	786 853-8289	
-	Name of Person	Area Code & Daytime Telephone	e 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	



October 24, 2017

MARCIA MORAIS DONATO 6846 LOST GARDEN TERRACE PARKLAND, FL 33076

SUBJECT: BELLINI 1204 LLC Ref. Number: L13000145817

We have received your document for BELLINI 1204 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):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Document number and date of filing is missing.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A00021387

MITHOY 13 RM 3: 52

REV 13 PH 4: 04

## 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. N	ame of the limited liability company: BELLINI 1	204, LLC	<u> </u>					
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  20801 BISCAYNE BLVD 306				Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  BISCAYNE BLVD 306			
	AVENTURA, FL 33180			AVENT	URA, FL 33180			
	05/13/2014		1	_130001	45817			
3.	Date of filing/registration in Florida	4.	-		Document number			
5. (a)	r							
	Registered Agent and Registered Office shown on the record OSCAR GRISALES RACINI P.A.	is of the Flor	ida	Dept. of Sta	te:		78H H6V	
	Registered Office Address (MUST BE FLORIDA STRE	<del></del>	7.5 1.	3				
	20801 BISCAYNE BLVD. 306						<u>-</u>	, 
	AVENTURA	<sub>Es</sub> 3318	0			*****	77	
		, 1 С			_	÷	-JI-	
(b)	Enter name of NEW Registered Agent and/or NEW Regist				_		0.5	
	Enter name of NEW Registered Agent and/or NEW Regist	ered Office	<u>ndd</u>	ress:		• •		
	MARCIA MORAIS DONATO							
	NEW Registered Office Address:				_			
	6846 LOST GARDEN TERRACE							
					_			
	PARKLAND	<sub>EL</sub> 3307	6					
the cha agent was/w the art Signal I here provise the obt	imited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the proper and companies of all statutes relative to the proper and companies of all statutes relative to the proper and companies of all statutes relative to the proper and companies of my position as registered agent as proved in writing of this change.	s of the reped liability ers of the limited the limite	gist cor imi d li	tered office inpany, it ted liability could be ability could be a control of the	te and the business of is hereby confirmed to ty company or as other mpany.  Printed of typed name of pacity. I further agree duties, and I am fam.	Effice of that the cerwise poor A of signee to comiliar with	he regichange rovide	stered (s) d in
/	Division of Cornerations • P.	O. Box 63	27	Tallaha	ssee FL 37314			

FILING FEE: \$25.00