

L14000065035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOU LOU CHANEL LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

EMMANUELE RENDA

Name of Person

LOU LOU CHANEL LLC

Firm/Company

1662 COLLINS AVENUE

Address

MIAMI BEACH, FLORIDA 33139

City/State and Zip Code

LULUMIAMI@HOTMAIL.COM

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

For further information concerning this matter, please call:

EMMANUELE RENDA

Name of Person

786

660-3432

at ()

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

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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. Name of the limited liability company: LOU LOU CHANEL LLC
2. (a) 1662 Collins Ave., Miami Beach, FL 33139
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 1662 Collins Ave., Miami Beach, FL 33139
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 04/22/2014 Date of filing/registration in Florida
4. L14000065035 Document number

5. (a) ILARIA M. LEGNARO AKL, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ILARIA M. LEGNARO AKL, P.A.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

4000 PONCE DE LEON BLVD. SUITE 470

CORAL GABLES, FL 33146

- (b) EMMANUELE RENDA

Enter name of NEW Registered Agent and/or NEW Registered Office address:

EMMANUELE RENDA

NEW Registered Office Address:

1662 Collins Avenue

Miami Beach, FL 33139

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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.

CARLO RENDA via Emmanuele Renda Carlo Renda via Emmanuele Renda with POA
Signature of a member or authorized representative of a member Printed or typed name of signee
with POA Signed with Power of Attorney (POA)

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.

Emmanuele Renda
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

This Instrument Prepared by / Return to:

Ilaria M. Legnaro Akl, Esq.
Ilaria M. Legnaro Akl, P.A.
4000 Ponce De Leon Blvd.
Suite 470
Coral Gables, FL 33146

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GENERAL DURABLE POWER OF ATTORNEY (POA)

KNOW ALL PERSONS BY THESE PRESENTS:

Appointment of Attorneys in Fact (Agents)

I, **CARLO RENDA**, born in FLENSBURG, GERMANY, on December 30, 1970, a(n) ITALIAN citizen, AND I, **LUCIA TALARICO**, born in SARONNO, VARESE, ITALY, on August 10, 1973, a(n) ITALIAN citizen, hereafter collectively referred to as the "Principal", both residing at VIA ROMA 26 Int. 2, CASTELLARANO, REGGIO EMILIA, ITALY, both of full age and competent to enter into contracts, do hereby make, constitute, and appoint **ANTONIO EMMANUELE RENDA**, born in TRADATE, VARESE, ITALY, on SEPTEMBER 8, 1996, a(n) ITALIAN citizen, as my/our true and lawful agent and Attorney in fact (hereafter referred to as "**Attorney-in-Fact**" or "**Agent**"). I/We intend to create a General Durable Power of Attorney (hereinafter referred to as this "**Power**" or "**POA**") pursuant to §709.08 of the Florida Statutes in the USA. My/Our Attorney-in-Fact is related to me/us as my/our SON.

The effective date of this Power is **NOVEMBER 25, 2015**.

My/Our Attorney-in-Fact shall use the following form when signing on my/our behalf pursuant to this Power:

**"CARLO RENDA and LUCIA TALARICO by ANTONIO EMMANUELE RENDA
as Attorney-in-Fact per POA."**

General Durable Power of Attorney

This power of attorney shall not be affected by subsequent disability or incapacity of the Principal, and shall constitute a GENERAL DURABLE POWER OF ATTORNEY within the meaning of the laws of the State of FLORIDA, USA.

Revocation of Prior Power of Attorney

The Principal hereby revokes all powers of attorney previously executed by the Principal; HOWEVER, any and all other Health Related Powers of Attorney, Designations of Health Care Surrogate, Living Will, Anatomical Gift Declaration & Organ Donor, and/or any Last Will and Testament, which I have previously executed, remain in full force and effect.

Photocopies of this GENERAL DURABLE POWER OF ATTORNEY and/or of any of the above mentioned documents shall have the same force and effect as any original.

General Durable Power of Attorney

I/We give to my Attorney-in-Fact the following powers to be used for my/our benefit and on my/our behalf and to be exercised only in a fiduciary capacity, in any jurisdiction in the USA or in any other country, including but not limited to ITALY and any and all its regions and territories:

1. To open or close accounts of any nature in the name of the Principal, and to make deposits to and withdrawal from the Principal's checking, savings, investment, brokerage, or any other type of accounts;
2. To write, issue any checks, and to execute and deliver payment and withdrawal orders on any accounts, specifically including any custodial account and investment advisory account, that I may have with any bank or other similar institution, and to deliver the checks or money paid or withdrawn to any person, group of persons, or associations; and to endorse checks or other instruments for deposit or collection;
3. To enter my/our safe deposit boxes and to open new safe deposit boxes; and to add to and to remove any of the contents of any such safe deposit boxes; and to close out any of the boxes;
4. To sell or exchange any and all stocks, bonds, securities, or other investments on my behalf, and to make other investments.
5. To take all lawful steps to recover, collect, and receive any amounts of money now or hereafter owing or payable to me/us; and to compromise and execute releases or other sufficient discharges for them;
6. To sue and settle suits of any kind in my/our name or for my benefit, in any jurisdiction, and to appoint or revoke the appointment of an Attorney at Law to represent me/us in such legal representations, actions or litigation;
7. To buy, sell, mortgage, hypothecate, or grant security interests in any kind of tangible or intangible personal property;
8. To sign, assign, or endorse any security issued by any corporation, bank or other organization and to exercise any rights with respect thereto that I/We may have;
9. To lease, rent, sell, exchange, release, convey, extinguish, or mortgage any interest in personal and/or real property, including homestead real property, if any and where appropriate legally appropriate, on such terms as may be deemed advisable; and to manage, repair, improve, maintain, restore, build, or develop such property, and to execute contracts for the "Sale and Purchase" or for the "Lease or Rent" of any such property, and to collect any and all related sale, lease or rent payments, issuing any receipt to acknowledge acceptance of such payments;
10. To purchase or otherwise acquire any interest in and acquire possession of real property and to accept all deeds and other assurances in the law for such property;
11. To execute, deliver, and acknowledge deeds, deeds of trust, covenants, indentures, agreements, mortgages, hypothecations, bills of lading, bills, bonds, notes, receipts, evidence of debts, releases and satisfactions of mortgage, judgment, ground rents, and other debts;

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12. To borrow money for my/our account on whatever terms and conditions may be deemed advisable and to provide any documents necessary to give the lender a security interest in any real estate or personal property as may be required;

13. To complete, sign and execute any business, financial or legal document.

14. To appear and act on my/our behalf before any public, administrative or governmental body, agency, office, or court, wherever situated, including but not limited to any jurisdiction, in any state, region or province in the USA, in ITALY or in any other country; which shall also include appearing before any custom, tax, finance and administrative agencies, and executing any declarations or other instruments, as may be required by such agencies.

15. To execute all income tax and other federal, state or local tax returns and perform any and all acts that I/We can perform with respect to all tax matters (including, but not limited to, federal and state income and gift taxes, self-employment taxes, payroll taxes, intangible property taxes, tangible property taxes, excise taxes, and real estate taxes) for any and all periods or years, which may be required or become due in the USA, or in any other foreign country, including but not limited to ITALY. Such power shall include, but shall not be limited to, the power to sign or issue, or both, Forms W-2, 709, 843, 941, 942, 1040, 1040A, 1040EZ, 1040X, 1040ES, 4868, 2688, 2210 and 2848 or any substitute therefore, to claim tax refunds and credits; to file protests or petitions to administrative agencies or courts regarding tax matters; to execute closing agreements, extensions or waivers of the period of limitations and any power of attorney required by the Internal Revenue Service or any state or local taxing authority with respect to any tax year; to consent to "gift-splitting" under the Federal gift tax law or any similar law; to employ others to assist and represent me in any tax matters, to permit such persons to receive confidential information concerning same; to compromise and settle tax claims or disputes; to prepare, execute and file any returns or other documents in regard to same; to file applications for homestead exemption; and to request any extension of time to perform any of the foregoing;

16. To accept or disclaim any interest in property on my/our behalf, including but not limited to any inheritance and to participate in any related testamentary or probate process; and to take all actions that my Attorney-in-Fact deems appropriate to effectuate that election;

17. To renounce any fiduciary positions to which I/We have been or may be appointed, including, but not limited to, personal representative, trustee, guardian, Attorney-in-Fact, and officer or director of a corporation; to resign such positions in which capacity I/We am/are presently serving, and to file an account with a court of competent jurisdiction, or settle on a receipt and release or other informal method as my Attorney-in-Fact deems advisable;

18. To make financial arrangements for my/our entrance to and/or care at any hospital, nursing home, health center, convalescent home, rehabilitation/physical therapy facility, retirement home, or similar institution, and to pay all bills for my care; and

19. To delegate responsibilities requesting and/or authorizing any person to provide assistance to the Principal, or to any of his/her/our corporations, with the matters listed above, or with any other matters. These shall include, but are not limited to, attorneys at law, financial advisors, certified public accountants, real estate brokers and representatives, health care professionals, or any other professional.

20. To manage the day to day operations of my company LOU LOU CHANEL, LLC. located in Miami

It is my/our intention by the granting of the foregoing powers to give my/our Attorney-in-Fact the broadest possible powers to represent my interests in all aspects of any transactions or dealing involving me/us or my/our property, whether now owned by me/us or acquired by me/us subsequent to the date of my/our signing this **GENERAL DURABLE POWER OF ATTORNEY**, in any jurisdiction of the **USA**, of **ITALY**, or of any other country. The only powers which my/our Attorney-in-Fact shall not exercise with respect to me/us and my property are as follows:

- a. To use my/our assets to satisfy any legal obligations of my Attorney-in-Fact, including but not limited to the support of any dependents of my Attorney-in-Fact; PROVIDED, HOWEVER, that such dependents shall not include myself/ourselves or those persons whom I/We am/are otherwise legally obligated to support; and
- b. To exercise any powers granted to the Trustee pursuant to any irrevocable trust agreement of which my/our Attorney-in-Fact is the Settlor and I/We am/are the Trustee, IF ANY; and
- c. To mortgage or convey Florida homestead property as defined by Florida law without the joinder of my spouse or my spouse's legal guardian, IF ANY; but, the joinder may be accomplished through the exercise of a specific and separate power of attorney.

Subject only to the limitations set forth in the preceding paragraph, I/We give and grant unto my/our said Attorney-in-Fact full power and authority to do and perform every act and thing whatsoever necessary, prior, or convenient to be done as fully to all intents and purposes as I/We may or could do for myself/ourselves. I/We hereby ratify and confirm all that my/our said Attorney-in-Fact shall lawfully do or cause to be done by virtue of this Power, and I/We hold harmless any person or entity who suffers loss or liability from reliance upon this **GENERAL DURABLE POWER OF ATTORNEY**. If it becomes necessary to appoint a guardian of my/our person(s) or estate after the execution of this Power, I/We nominate the following person(s):

ANTONIO EMMANUELE RENDA, residing at CORAL GABLES, FLORIDA, USA, as guardian of my/our person(s).

ANTONIO EMMANUELE RENDA, residing at CORAL GABLES FLORIDA, USA, as guardian of my/our property.

For the purpose of inducing any bank, broker, custodian, insurer, lender, transfer agent, or other party to act in accordance with the powers granted by this Power and in furtherance thereof, such person or entity may rely on the Affidavit of my Attorney-in-Fact that the powers conferred in this instrument are then effective, I/We hereby represent, warrant, and agree that if this General Durable Power of Attorney is terminated or amended for any reason, I/We and my/our heirs, distributees, legal representatives, successors, and assigns will hold such party or parties harmless in acting in accordance with this Durable Power of Attorney prior to that party's receipt of written notice of any such termination or amendment.

I/We retain the right to revoke or amend this General Durable Power of Attorney and to substitute another attorney in place of the Attorney-in-Fact appointed herein. Amendments to this Power shall be made in writing by me/us personally (not by my Attorney-in-Fact) and they shall be attached to the original of this Power. Any grant of a General Durable Power of Attorney made by me/us subsequent to the date of execution of this General Durable Power of Attorney shall revoke this Power unless the subsequent Power contains a statement to the contrary and specifically refers to this Power by its date.

My Attorney-in-Fact shall not be liable to me/us or any of my/our successors in interest for any action taken or not taken in good faith, but shall be liable for any willful misconduct or gross negligence.

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If any of the provisions of this Power is invalid for any reason, such invalidity shall not affect any of the other provisions of this Power, and all invalid provisions shall be wholly disregarded.

Except where the context otherwise requires, the singular includes the plural and the plural includes the singular.

All questions pertaining to validity, interpretation, and administration of this Power shall be determined in accordance with the laws of the State of Florida, USA.

I/We understand that this Power is an important legal document. Before executing this document, my/our attorney explained to me/us the following:

- a. This document provides my Attorney-in-Fact with broad powers to dispose, sell, convey, and encumber my/our real and personal property;
- b. The powers granted in this instrument will exist immediately upon my execution and will exist for an indefinite period of time unless I/We limit their duration by the terms of the Power or revoke this Power. **THIS GENERAL DURABLE POWER OF ATTORNEY IS NOT AFFECTED BY MY/OUR SUBSEQUENT INCAPACITY EXCEPT AS PROVIDED IN §709.08 OF THE FLORIDA STATUTES IN THAT IT IS MY/OUR INTENTION THAT THE AUTHORITY CONFERRED HEREIN IS EXERCISABLE BY MY/OUR ATTORNEY-IN-FACT NOTWITHSTANDING MY/OUR SUBSEQUENT INCAPACITY;** and
- c. I/We have the right to revoke or terminate this Power at any time.

My/Our Attorney-in-Fact is authorized to make photocopies of this document as frequently and in such quantity as my Attorney-in-Fact shall deem appropriate. All photocopies shall have the same force and effect as any original.

My/Our Attorney-in Fact is hereby authorized to translate this legal document from the English language to ANY OTHER LANGUAGE, as may be required for the proper use of this General Durable Power of Attorney in any country. Further, it is my/our intention that any party or parties may rely on any certified translation of this Power, and I/We will hold such party or parties harmless in acting in accordance with this General Durable Power of Attorney and its related certified translation. Certified translations may be executed by any qualified legal professional or by any professional translating service provider.

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If any of the provisions of this Power is invalid for any reason, such invalidity shall not affect any of the other provisions of this Power, and all invalid provisions shall be wholly disregarded.

Except where the context otherwise requires, the singular includes the plural and the plural includes the singular.

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IN WITNESS WHEREOF, I, CARLO RENDA, and I, LUCIA TALARICO, the undersigned Principal, have hereunto set my/our hand this: 30 day of NOVEMBER, 2015.


CARLO RENDA


LUCIA TALARICO

SIGNED, PUBLISHED, AND DECLARED by the said Principal(s) CARLO RENDA and LUCIA TALARICO, as a GENERAL DURABLE POWER OF ATTORNEY, in the presence of the undersigned(s) who, at said Principal(s)'s request and in his/her/our presence and in the presence of each other, have hereunto subscribed our names as witnesses thereto,

this: 30 day of NOVEMBER, 2015.

WITNESS: 

Print Name: PATERUNI CRISTINA

residing in VIA MARCHIO' 31 RUBIERA (RE)

WITNESS: 

Print Name: DANIELE PONZONI

residing in VIA MARCHIO' 31 RUBIERA (RE)

EXECUTED IN THE COUNTRY OF: ITALY
PROVINCE OF: RE

On this 30 day of NOVEMBER, 2015, before me, the undersigned, a Notary Public in and for said State and County, personally appeared CARLO RENDA and LUCIA TALARICO, known or identified to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument, and who acknowledged to me that he/she/they executed the same of his/her/their own free will and deed.

SEE NEXT PAGE

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____

OR Produced Identification _____

Type of Identification Produced _____

17 MAY 22 AM 3:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

This Instrument Prepared by / Return to:

Ilaria M. Legnaro Akl, Esq.
Ilaria M. Legnaro Akl, P.A.
4000 Ponce De Leon Blvd.
Suite 470
Coral Gables, FL 33146

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GENERAL DURABLE POWER OF ATTORNEY (POA)

KNOW ALL PERSONS BY THESE PRESENTS:

Appointment of Attorneys in Fact (Agents)

I, **CARLO RENDA**, born in FLENSBURG, GERMANY, on December 30, 1970, a(n) ITALIAN citizen, AND I, **LUCIA TALARICO**, born in SARONNO, VARESE, ITALY, on August 10, 1973, a(n) ITALIAN citizen, hereafter collectively referred to as the "Principal", both residing at VIA ROMA 26 Int. 2, CASTELLARANO, REGGIO EMILIA, ITALY, both of full age and competent to enter into contracts, do hereby make, constitute, and appoint **ANTONIO EMMANUELE RENDA**, born in TRADATE, VARESE, ITALY, on SEPTEMBER 8, 1996, a(n) ITALIAN citizen, as my/our true and lawful agent and Attorney in fact (hereafter referred to as "Attorney-in-Fact" or "Agent"). I/We intend to create a General Durable Power of Attorney (hereinafter referred to as this "Power" or "POA") pursuant to §709.08 of the Florida Statutes in the USA. My/Our Attorney-in-Fact is related to me/us as my/our SON.

The effective date of this Power is **NOVEMBER 25, 2015**.

My/Our Attorney-in-Fact shall use the following form when signing on my/our behalf pursuant to this Power:

**"CARLO RENDA and LUCIA TALARICO by ANTONIO EMMANUELE RENDA
as Attorney-in-Fact per POA."**

General Durable Power of Attorney

This power of attorney shall not be affected by subsequent disability or incapacity of the Principal, and shall constitute a GENERAL DURABLE POWER OF ATTORNEY within the meaning of the laws of the State of FLORIDA, USA.

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Revocation of Prior Power of Attorney

The Principal hereby revokes all powers of attorney previously executed by the Principal; HOWEVER, any and all other Health Related Powers of Attorney, Designations of Health Care Surrogate, Living Will, Anatomical Gift Declaration & Organ Donor, and/or any Last Will and Testament, which I have previously executed, remain in full force and effect.

Photocopies of this GENERAL DURABLE POWER OF ATTORNEY and/or of any of the above mentioned documents shall have the same force and effect as any original.

General Durable Power of Attorney

I/We give to my Attorney-in-Fact the following powers to be used for my/our benefit and my/our behalf and to be exercised only in a fiduciary capacity, in any jurisdiction in the USA or in any other country, including but not limited to ITALY and any and all its regions and territories:

1. To open or close accounts of any nature in the name of the Principal, and to make deposits to and withdrawal from the Principal's checking, savings, investment, brokerage, or any other type of accounts;
2. To write, issue any checks, and to execute and deliver payment and withdrawal orders on any accounts, specifically including any custodial account and investment advisory account, that I may have with any bank or other similar institution, and to deliver the checks or money paid or withdrawn to any person, group of persons, or associations; and to endorse checks or other instruments for deposit or collection;
3. To enter my/our safe deposit boxes and to open new safe deposit boxes; and to add to and to remove any of the contents of any such safe deposit boxes; and to close out any of the boxes;
4. To sell or exchange any and all stocks, bonds, securities, or other investments on my behalf, and to make other investments;
5. To take all lawful steps to recover, collect, and receive any amounts of money now or hereafter owing or payable to me/us; and to compromise and execute releases or other sufficient discharges for them;
6. To sue and settle suits of any kind in my/our name or for my benefit, in any jurisdiction, and to appoint or revoke the appointment of an Attorney at Law to represent me/us in such legal representations, actions or litigation;
7. To buy, sell, mortgage, hypothecate, or grant security interests in any kind of tangible or intangible personal property;
8. To sign, assign, or endorse any security issued by any corporation, bank or other organization and to exercise any rights with respect thereto that I/We may have;
9. To lease, rent, sell, exchange, release, convey, extinguish, or mortgage any interest in personal and/or real property, including homestead real property, if any and where appropriate legally appropriate, on such terms as may be deemed advisable; and to manage, repair, improve, maintain, restore, build, or develop such property, and to execute contracts for the "Sale and Purchase" or for the "Lease or Rent" of any such property, and to collect any and all related sale, lease or rent payments, issuing any receipt to acknowledge acceptance of such payments;
10. To purchase or otherwise acquire any interest in and acquire possession of real property and to accept all deeds and other assurances in the law for such property;
11. To execute, deliver, and acknowledge deeds, deeds of trust, covenants, indentures, agreements, mortgages, hypothecations, bills of lading, bills, bonds, notes, receipts, evidence of debts, releases and satisfactions of mortgage, judgment, ground rents, and other debts;

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12. To borrow money for my/our account on whatever terms and conditions may be deemed advisable and to provide any documents necessary to give the lender a security interest in any real estate or personal property as may be required;

13. To complete, sign and execute any business, financial or legal document.

14. To appear and act on my/our behalf before any public, administrative or governmental body, agency, office, or court, wherever situated, including but not limited to any jurisdiction, in any state, region or province in the USA, in ITALY or in any other country; which shall also include appearing before any custom, tax, finance and administrative agencies, and executing any declarations or other instruments, as may be required by such agencies.

15. To execute all income tax and other federal, state or local tax returns and perform any and all acts that I/We can perform with respect to all tax matters (including, but not limited to, federal and state income and gift taxes, self-employment taxes, payroll taxes, intangible property taxes, tangible property taxes, excise taxes, and real estate taxes) for any and all periods or years, which may be required or become due in the USA, or in any other foreign country, including but not limited to ITALY. Such power shall include, but shall not be limited to, the power to sign or issue, or both, Forms W-2, 709, 843, 941, 942, 1040, 1040A, 1040EZ, 1040X, 1040ES, 4868, 2688, 2210 and 2848 or any substitute therefore, to claim tax refunds and credits; to file protests or petitions to administrative agencies or courts regarding tax matters; to execute closing agreements, extensions or waivers of the period of limitations and any power of attorney required by the Internal Revenue Service or any state or local taxing authority with respect to any tax year; to consent to "gift-splitting" under the Federal gift tax law or any similar law; to employ others to assist and represent me in any tax matters, to permit such persons to receive confidential information concerning same; to compromise and settle tax claims or disputes; to prepare, execute and file any returns or other documents in regard to same; to file applications for homestead exemption; and to request any extension of time to perform any of the foregoing;

16. To accept or disclaim any interest in property on my/our behalf, including but not limited to any inheritance and to participate in any related testamentary or probate process; and to take all actions that my Attorney-in-Fact deems appropriate to effectuate that election;

17. To renounce any fiduciary positions to which I/We have been or may be appointed, including, but not limited to, personal representative, trustee, guardian, Attorney-in-Fact, and officer or director of a corporation; to resign such positions in which capacity I/We am/are presently serving, and to file an account with a court of competent jurisdiction, or settle on a receipt and release or other informal method as my Attorney-in-Fact deems advisable;

18. To make financial arrangements for my/our entrance to and/or care at any hospital, nursing home, health center, convalescent home, rehabilitation/physical therapy facility, retirement home, or similar institution, and to pay all bills for my care; and

19. To delegate responsibilities requesting and/or authorizing any person to provide assistance to the Principal, or to any of his/her/our corporations, with the matters listed above, or with any other matters. These shall include, but are not limited to, attorneys at law, financial advisors, certified public accountants, real estate brokers and representatives, health care professionals, or any other professional.

20. To manage the day to day operations of my company LOU LOU CHANEL, LLC. located in Miami

It is my/our intention by the granting of the foregoing powers to give my/our Attorney-in-Fact the broadest possible powers to represent my interests in all aspects of any transactions or dealing involving me/us or my/our property, whether now owned by me/us or acquired by me/us subsequent to the date of my/our signing this **GENERAL DURABLE POWER OF ATTORNEY**, in any jurisdiction of the USA, of ITALY, or of any other country. The only powers which my/our Attorney-in-Fact shall not exercise with respect to me/us and my property are as follows:

- a. To use my/our assets to satisfy any legal obligations of my Attorney-in-Fact, including but not limited to the support of any dependents of my Attorney-in-Fact; PROVIDED, HOWEVER, that such dependents shall not include myself/ourselves or those persons whom I/We am/are otherwise legally obligated to support; and
- b. To exercise any powers granted to the Trustee pursuant to any irrevocable trust agreement of which my/our Attorney-in-Fact is the Settlor and I/We am/are the Trustee, IF ANY; and
- c. To mortgage or convey Florida homestead property as defined by Florida law without the joinder of my spouse or my spouse's legal guardian, IF ANY; but, the joinder may be accomplished through the exercise of a specific and separate power of attorney.

Subject only to the limitations set forth in the preceding paragraph, I/We give and grant unto my/our said Attorney-in-Fact full power and authority to do and perform every act and thing whatsoever necessary, prior, or convenient to be done as fully to all intents and purposes as I/We may or could do for myself/ourselves. I/We hereby ratify and confirm all that my/our said Attorney-in-Fact shall lawfully do or cause to be done by virtue of this Power, and I/We hold harmless any person or entity who suffers loss or liability from reliance upon this **GENERAL DURABLE POWER OF ATTORNEY**. If it becomes necessary to appoint a guardian of my/our person(s) or estate after the execution of this Power, I/We nominate the following person(s):

ANTONIO EMMANUELE RENDA, residing at CORAL GABLES, FLORIDA, USA, as guardian of my/our person(s).

ANTONIO EMMANUELE RENDA, residing at CORAL GABLES FLORIDA, USA, as guardian of my/our property.

For the purpose of inducing any bank, broker, custodian, insurer, lender, transfer agent, or other party to act in accordance with the powers granted by this Power and in furtherance thereof, such person or entity may rely on the Affidavit of my Attorney-in-Fact that the powers conferred in this instrument are then effective, I/We hereby represent, warrant, and agree that if this General Durable Power of Attorney is terminated or amended for any reason, I/We and my/our heirs, distributees, legal representatives, successors, and assigns will hold such party or parties harmless in acting in accordance with this Durable Power of Attorney prior to that party's receipt of written notice of any such termination or amendment.

I/We retain the right to revoke or amend this General Durable Power of Attorney and to substitute another attorney in place of the Attorney-in-Fact appointed herein. Amendments to this Power shall be made in writing by me/us personally (not by my Attorney-in-Fact) and they shall be attached to the original of this Power. Any grant of a General Durable Power of Attorney made by me/us subsequent to the date of execution of this General Durable Power of Attorney shall revoke this Power unless the subsequent Power contains a statement to the contrary and specifically refers to this Power by its date.

My Attorney-in-Fact shall not be liable to me/us or any of my/our successors in interest for any action taken or not taken in good faith, but shall be liable for any willful misconduct or gross negligence.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY 22 AM 3:29

FILED
CLERK OF STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 MAY 22 AM 3:29

If any of the provisions of this Power is invalid for any reason, such invalidity shall not affect any of the other provisions of this Power, and all invalid provisions shall be wholly disregarded.

Except where the context otherwise requires, the singular includes the plural and the plural includes the singular.

All questions pertaining to validity, interpretation, and administration of this Power shall be determined in accordance with the laws of the **State of Florida, USA**.

I/We understand that this Power is an important legal document. Before executing this document, my/our attorney explained to me/us the following:

- a. This document provides my Attorney-in-Fact with broad powers to dispose, sell, convey, and encumber my/our real and personal property;
- b. The powers granted in this instrument will exist immediately upon my execution and will exist for an indefinite period of time unless I/We limit their duration by the terms of the Power or revoke this Power. **THIS GENERAL DURABLE POWER OF ATTORNEY IS NOT AFFECTED BY MY/OUR SUBSEQUENT INCAPACITY EXCEPT AS PROVIDED IN §709.08 OF THE FLORIDA STATUTES IN THAT IT IS MY/OUR INTENTION THAT THE AUTHORITY CONFERRED HEREIN IS EXERCISABLE BY MY/OUR ATTORNEY-IN-FACT NOTWITHSTANDING MY/OUR SUBSEQUENT INCAPACITY;** and
- c. I/We have the right to revoke or terminate this Power at any time.

My/Our Attorney-in-Fact is authorized to make photocopies of this document as frequently and in such quantity as my Attorney-in-Fact shall deem appropriate. All photocopies shall have the same force and effect as any original.

My/Our Attorney-in Fact is hereby authorized to translate this legal document from the English language to ANY OTHER LANGUAGE, as may be required for the proper use of this General Durable Power of Attorney in any country. Further, it is my/our intention that any party or parties may rely on any certified translation of this Power, and I/We will hold such party or parties harmless in acting in accordance with this General Durable Power of Attorney and its related certified translation. Certified translations may be executed by any qualified legal professional or by any professional translating service provider.

*****REMAINDER OF PAGE INTENTIONALLY LEFT BLANK*****

If any of the provisions of this Power is invalid for any reason, such invalidity shall not affect any of the other provisions of this Power, and all invalid provisions shall be wholly disregarded.

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY 22 AM 3:29


IN WITNESS WHEREOF, I, CARLO RENDA, and I, LUCIA TALARICO, the undersigned Principal, have hereunto set my/our hand this: 30 day of NOVEMBER, 2015.


CARLO RENDA


LUCIA TALARICO

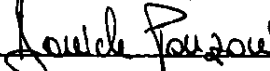
SIGNED, PUBLISHED, AND DECLARED by the said Principal(s) CARLO RENDA and LUCIA TALARICO, as a GENERAL DURABLE POWER OF ATTORNEY, in the presence of the undersigned(s) who, at said Principal(s)'s request and in his/her/our presence and in the presence of each other, have hereunto subscribed our names as witnesses thereto,

this: 30 day of NOVEMBER, 2015.

WITNESS: 

Print Name: PATERUNI CRISTINA

residing in VIA MARCHIO' 31 RUBIERA (RE)

WITNESS: 

Print Name: DANIELE PONZONI

residing in VIA MARCHIO' 31 RUBIERA (RE)

EXECUTED IN THE COUNTRY OF: ITALY
PROVINCE OF: RE

On this 30 day of NOVEMBER, 2015, before me, the undersigned, a Notary Public in and for said State and County, personally appeared CARLO RENDA and LUCIA TALARICO, known or identified to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument, and who acknowledged to me that he/she/they executed the same of his/her/their own free will and deed.

SEE NEXT PAGE

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____

OR Produced Identification _____

Type of Identification Produced _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY 22 AM 3:29

AUTENTICA DI FIRMA

Repertorio N. 6810

Certifico io sottoscritto **ANDREA FATUZZO** notaio iscritto nel Ruolo del Distretto Notarile di Reggio nell'Emilia, con residenza in Castelnovo ne' Monti, che i signori:

RENDA CARLO, nato a Flensburg (Germania) il giorno 30 dicembre 1970, residente a Castellarano (RE), via Roma n. 26 int. 2, codice fiscale RND CRL 70T30 Z112L;

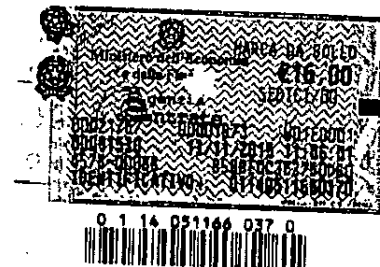
TALARICO LUCIA, nata a Saronno (VA), il giorno 10 agosto 1973, residente a Castellarano (RE), via Roma n. 26 int. 2, codice fiscale TLR LCU 73M50 I441E,

PONZONI DANIELE, nato a (Modena) il giorno 23 marzo 1959, residente a Rubiera (RE), località Fontana, via Galli Marchiò n. 3/1 - 2, codice fiscale PNZ DNL 59C23 F257L;

PATERLINI CRISTINA, nata a Modena (MO), il giorno 29 giugno 1964, residente a Rubiera (RE), località Fontana, via Galli Marchiò n. 3/1 - 2, codice fiscale PTR CST 64H69 F257C,

cittadini italiani della cui identità personale io notaio sono certo, hanno apposto la propria firma sul documento che precede alla mia presenza alle ore sedici e trenta minuti.

In Castellarano (RE), nello studio posto in via Radici Nord n. 1/B, oggi 30



FILED
CLERK OF DISTRICT COURT
MAY 22 AM 3:29
GALLI MARCHIO FLORIDA