## L14000091601

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MA	IL				
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE

M. MILLIGAN JUN 13 2018



May 17, 2018

VILLA CAFE AMERICA LLC ATTN: RAFAEL DUARTE 222 YAMATO RD, STE 106-198 BOCA RATON, FL 33431

SUBJECT: VILLA CAFE AMERICA LLC

Ref. Number: L14000091601

We have received your document for VILLA CAFE AMERICA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent name and registered office address listed in 5(a) must be entered as currently shown on the records of the Florida Department of State (see enclosed printout). Any new changes to the registered agent/office must be entered in 5(b).

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.

Michelle Milligan Senior Section Administrator

Letter Number: 018A00010307



RECEIVED

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LEPARTMENT OF STATE

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## COVER LETTER

TO:	Registration Section Division of Corporations	•
SUBJ	VILLA CAFE AMERICA LLC	
5003	Name	e of Limited Liability Company
Dear S	ir or Madam:	
The er	iclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
RAF	AEL DUARTE	
	Name of Person	
VILL.	A CAFE AMERICA LLC	
	Firm/Company	
222`	YAMATO ROAD, SUITE 106-198	
,	Address	<del></del>
вос	A RATON FL 33431	
	City/State and Zip Code	<del></del>
	RTE@VILLACAFE.COM.BR	
-	E-mail address: (to be used for future ann	ual report notification)
For fu	orther information concerning this matter,	please call:
F	Name of Person	at (+55 31 ) 9344-8745  Area Code & Daytime Telephone Number
	STREET/COURTER 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
INHS	18 (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.

No	une of the limited liability company: VILLA CA	FE AMERICA I	_LU		
a)	222 YAMATO ROAD, SUITE 106-198	(b) 22	(b) 222 YAMATO ROAD, SUITE 106-108		
a)	Principal office address of limited liability company.  (Note: MUST BE STREET ADDRESS)	:	Mailing address of limited (Note: MAY BE POS)		
	BOCA RATON FL 33431	BC	OCA RATON FL 33431		
	06/09/2014		000091601		
	Date of filing/registration in Florida	4,	Document number		
a)	RAFAEL DUARTE				
	Registered Agent and Registered Office shown on the record	els of the Florida Dept	ட of State		
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS		<u>~.</u>	
	4800 N FEDERAL HWY, SUITE 101-D			2018 JUN 11 SECRETAR: (A) ( AHASS	
	BOCA RATON	.FL 33431			
			<del></del>	A58	
h)				~~~	
•	Enter name of NEW Registered Agent and/or NEW Regis	stered Office address	į.	OF S	
				H 8: 43	
	2007			翌 5	
	NEW Registered Office Address:				
	222 YAMATO ROAD, SUITE 106-198		<del></del>		
	BOCA RATON	, FL33431			
eh H /w	limited liability company is not organized under the ange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membricles of organization or the operating agreement of	ess of the registere ted liability compa bers of the limited of the limited liabi	ed office and the business of any, it is hereby confirmed I liability company or as oth ility company.	ffice of the register that the change(s)	
_	Ere all	- KAFAI	EL DUARTE  Printed or typed reune	St cimas	
<u> </u>	and the same of th		r mineu or typeu rusiic	OF STORY	
ere vis ob	aure of a member or authorized representative of a member obveocept the appointment as registered agent an sions of all statutes relative to the proper and com- digations of my position as registered agent as pro- rely reflect a change in the registered office addre- ed in writing of this change.	d agree to act in i plete performance ovided for in Chap ss, I hereby confi	this capacity. I further agra e of my dutics, and I am fan vier 603, F.S. Or, if this do rm that the limited liability	ee to comply with t niliav with and acc cament is being fil company has been	