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COVER LETTER

Registration Section

TO:

Divi	sion of Corporations						
SUBJECT:	BALASSIANOS ENTERPRISE LLC						
Name of Limited Liability Company							
Dear Sir or N	Aadam:						
The enclosed	I Registered Agent/Registered Offi	ce Change	and fe	e(s) are submitted for filing.			
Please return	all correspondence concerning thi	s matter to	the fo	llowing:			
BRUNO B	ALASSIANO						
	Name of Person	-		-			
BALASSIA	ANOS ENTERPRISE LLC						
	Firm/Company			•			
3364 WES	STCHESTER SQ BLVD APT	202					
	Address			-			
ORLANDO	D, FLORIDA, 32835						
	City/State and Zip Code		_	-			
BRUNOBA	ALASSIANO@HOTMAIL.CO	М					
E-mail	address: (to be used for future ann	ual report n	otifica	ation)			
For further in	nformation concerning this matter,	please call:					
BRUNO B	ALASSIANO	321		330-8576			
	Name of Person			Area Code & Daytime Telephone Number			
	EET/COURIER ADDRESS:			LING ADDRESS:			
_	stration Section			stration Section			
	sion of Corporations			ion of Corporations			
	on Building			Box 6327			
	Executive Center Circle hassee, Florida 32301		1 alla	hassee, Florida 32314			
1 411	massee, Florida 52501						

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

■ \$25 Filing Fee

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 10710	au.							
1. N	ame of the limited liability company: BALASSIA	NOS	ENT	ERPRISE	LLC			
2. (a)	3364 WESTCHESTER SO BLV APT 202		(t	3364 WE	STCHEST	ER SQ E	BLV A	NPT 202
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, ,	′ 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	3364 WESTCHESTER SQ BLV APT 202			3364 WE	STCHEST	ER SQ E	BLV A	PT 202
	ORLANDO, FL, 32835			ORLAND	O, FL, 328	35	_	
	07/11/2014			L1400011	0146			
3.	Date of filing/registration in Florida		4. D	ocument nun	nber	<u>. </u>		
5 (a	LARSON ACCOUNTING AND CONSULT	ING	SEF	VICES				
5. (a	Registered Agent and Registered Office shown on the records	of the	Florida	Dept. of State:				
	LARSON ACCOUNTING AND CONSULT	ING	SEF	RVICES				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
	8615 COMMODITY CIR STE 06						2915	
	ORLANDO	FL_32	32819		ئىـ .	SONY GIBY		
(b)	BRUNO BALASSIANO					<u>;</u> ; ;		173
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					A	٥	
	BRUNO BALASSIANO					ه به ع به سه	: 32	
	NEW Registered Office Address:							
	3364 WESTCHESTER SQ BLVD APT 20	2						
	ORLANDO	FL_32	2835					
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street of	of th Lliabi s of t	e regi lity co he lin	stered office ompany, it is nited liability	and the busin hereby confin company or	ness office rmed that	of the	registered ange(s)
1	Buno Calassiano		BR	UNO BALA				
Sign	ature of a member or authorized representative of a member				Printed or typed	I name of sig	nee	

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.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314