L14000 159578

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entry Harrie)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECULCIANY OF STATE

COVER LETTER

TO:	Amendment Section Division of Corporations	•
	ECT: MAZZI INVESTMENT INTERNATION of Corporation	DNAL
DOC	UMENT NUMBER: L14000159578	
The c	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	matter to the following:
NICO	LA MAZZI	
Name	of Contact Person	
MAZZ	ZI INVESTMENT INTERNATIONAL LLC	
Firm/	Company	
	ALAFAYA TRAIL	
Addre	ess	7.50-1442
_	NDO FL 32828	
City/S	State and Zip Code	
	NICOLA.MAZZI@GMAIL.0	СОМ
E-ma	il address: (to be used for future annual	report notification)
For fu	orther information concerning this matter, p	please call:
NICO	LA MAZZI	at (407)9079294 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
	Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT 5 OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508, Florida Statute, ation organized under the laws of the State of FLORII	DA
	the corporation: MAZZI INVES	e or registered agent, or both, in the State of Florida. STMENT INTERNATIONAL	
	· · · · · · · · · · · · · · · · · · ·		
2. The principal	office address:	/A TRAIL, ORLANDO FL 32828	
3. The mailing	address (if different): NICOLA.	MAZZI@GMAIL.COM	
4. Date of incor	poration/qualification: 10/13/20	Document number: L14000159578	
5. The name an		egistered agent and registered office on file with the	
	EPGD ATTORNEYS AT LAW	V, PA	
	2701 PONCE DE LEON BLVI	202	
	CORAL GABLES, FL 33134		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	NICOLA MAZZI		2023 JUL 13
	14259 OASIS COVE BLVD	SSE SEE	P
P.O. Box NOT acceptable			
	WINDERMERER FL 34786		<u>အ</u>
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its regist	ered agent,
Such change wa authorized by the	as authorized by resolution du ne board, or the corporation ha	ly adopted by its board of directors or by an officer is been notified in writing of the change.	so
,	fruit V	NICOLA MAZZI	
Şignatu	of an officer or director	Printed or typed name and title	
i juriner agree i of my duties, an document is bei	o comply with the provisions of Lam familiariwith and access	l agent and agree to act in this capacity. of all statutes relative to the proper and complete p pt the obligation of my position as registered agent inge in the registered office address, I hereby confi is change.	erformance Or if this rm that the
	frul V	7/10/2023	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
NICOLA MAZZ	1		
T	/ped or Printed Name		

* * * FILING FEE: \$35.00 * * *