L15000055351

(Re	questor's Name)			
(Address)				
(Address)				
•	•			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP		MAIL		
_		_		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
,	_			
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE TALLAHASSEE HLORIOA

AUG 23 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Abbellimento, LLC dba l'Arte del						
Name of Lir	nited 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	r to the following:					
Kathleen Francke						
Name of Person	 					
Abbellimento						
Firm/Company						
1010 Fifth Avenue South, Suite 201						
Address						
Naples, FL 34102						
City/State and Zip Code						
info@lartedellabbellimento.com						
E-mail address: (to be used for future annual repo	ort notification)					
For further information concerning this matter, please	call:					
Kathy Francke	262 617-3513					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

16 AllG 22 PM 4: 5

INHS18 (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.

1. Na	ame of the limited liability company:	Abbellimento, I	LLC	dba l'Art	e dell'Abbellimento
2. (a)	1010 Fifth Avenue South		(b) 1010 Fifth Avenue South		
2. (w)	Principal office address of limited li (Note: MUST BE STREET A		_ (~) <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 201		_	Suite 20)1
	Naples, FL 34102		_	Naples,	FL 34102
	March 27, 2015			L150000	55351
3.	Date of filing/registration is	n Florida	4.		Document number
5. (a)	Kathleen Francke				
J. (a)	Registered Agent and Registered Office sho	wn on the records of th	e Florid	a Dept. of Sta	te:
	1010 Fifth Avenue South				A
	Registered Office Address (MUST BE)	FLORIDA STREET AI	DDRES	<u>s)</u>	–
	Suite 201				ine in the
	Naples		34102		16 AUG 22
		, FL_		<u></u>	- F
(h)	Kathleen Francke				_
(b)	Enter name of NEW Registered Agent and	or NEW Registered (Office a	ddress:	_ ਹੀ ਪ
	1010 Fifth Avenue South				o
	NEW Registered Office Address:			<u> </u>	_
	Suite 201				
					_
	Naples	, FL	34102	2	_
the cha agent v was/w the art Signa I here provis the ob- to mer notifie	ange or changes are made, the Florida will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating that the appointment as register the appointment as register.	a street address of the Florida limited lial to of the members of the last agreement of the last agreement and agree of a member and complete pure and complete the last agent as provided to office address, I have	the reg bility of the lin imited	istered offic company, it nited liabili liability co	

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