

L15000059072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W/F

Office Use Only



600420792226

12/27/23--01015--017 ♦♦35.00

FILED
2024 MAR 26 AM 10:59
CLERK OF SUPERIOR COURT
JULIA A. HARRIS

Ra Chang

APR 19 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAZZI CONSULTING 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:

NICOLA MAZZI

Name of Person

MAZZI CONSULTING LLC

Firm/Company

14259 OASIS LOUS BLVD

Address

WINDERMERE, FL 34786

City/State and Zip Code

NICOLA.MAZZI@GMAIL.COM

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

For further information concerning this matter, please call:

NICOLA MAZZI

Name of Person

at (407) 907-9294

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED

2024 MAR 26 AM 10:59

STATE OF FLORIDA
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2024

NICOLA MAZZI
MAZZI CONSULTING LLC
308 N ALAFAYA TRAIL
ORLANDO, FL 32828

SUBJECT: MAZZI CONSULTING, LLC
Ref. Number: L15000059072

We have received your document for MAZZI CONSULTING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 024A00002253

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0115, 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: MAZZI CONSULTING ~~INTERSTATE~~ LLC
2. (a) 308 N ALAFAYA TRAIL
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
ORLANDO, FL 32828
- (b) SAME
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
L 15000059672
3. 04/10/2014
Date of filing/registration in Florida
4. L 15000059672
Document number
5. (a) EPED ATTORNEYS AT LAW, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2701 PONCE DE LEON BLVD STE 202
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
CORAL GABLES, FL 33134
- (b) NICOLA MAZZI
Enter name of NEW Registered Agent and/or NEW Registered Office address:
14259 OASIS LOUG BLVD
NEW Registered Office Address:
WINDERMERE, FL 34786

FILED
2024 MAR 26 AM 10:59
STATE OF FLORIDA
TALLAHASSEE

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.

[Signature]
Signature of a member or authorized representative of a member

NICOLA MAZZI
Printed or typed name of signee

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.

[Signature]
Signature of Registered Agent