## L150000 70279

(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:					
J. HORNE					
JAN 2 9 2024					





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01/03/24--01021--022 \*\*25.00



## **COVER LETTER**

Division of Corporations	
MICHAEL ANGELETTI LLC SUBJECT:	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fec(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Michael Angeletti	
Name of Person	
MICHAEL ANGELETTI LLC	
Firm/Company	<del></del>
201 N US Highway 1 STE D10 #1157	
Address	
Jupiter, FL 33477	
City/State and Zip Code	
janet@janetello.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	nll:
Janet Angeletti 56	339-7080
Name of Person	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

## 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. N	ame of the limited liability company: MICHAEL ANG				
2. (a)	201 N US Highway 1 STF D10 #1157 Juniter FL 33477	Jupiter, FL 33477 (b) 201 N L		US Highway 1 STE D10 #1157 Jupiter, FL 3347	
2. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (`	/ <u></u>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		<del>-</del>			
	04/02/2015	_	L1500007		
<ol> <li>(a)</li> </ol>	Date of filing/registration in Florida NORTHWEST REGISTERED AGENT LLC	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida	ı Dept. of St	ate:	
	7901 4TH Street N STE 300				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u></u>	- 24 24	
	St Petersburg, FL	33702		JAN -3 1	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Janet Angeletti	Office ad	dress:	24 JAN-3 AH M: 49	
	NEW Registered Office Address:			<del></del>	
	201 N US Highway 1 STE D10 #1146			<del></del>	
	Jupiter , FL	33477			
chang agent was/w the art Sign	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of the lies of organization or the operating agreement of the limited and agreement of a member or authorized representative of a member erope and complete sions of all statutes relative to the proper and complete digations of my position as registered agent as provided refy reflect a change in the registered office address. The	registere bility co f the lim limited l	ed office a impany, it ited liabil iability co hael V Ang in this capance of m	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.  Beletti  Printed or typed name of signee  pacity. I further agree to comply with the pacity and I am familiar with and accept	
notific	of in writing of this change.	ereny et	agam mu	t are maned namely company has neen	

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