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COVER LETTER *

	egistration Section Division of Corporations						
SUBJEC	T: MILANO HOMES II LLC						
502020	Name of Limited Liability Company						
Dear Sir o	or Madam:						
The enclo	sed Registered Agent/Registered Office	: Change and fe	e(s) are submitted for filing.				
Please ret	urn all correspondence concerning this	matter to the fo	llowing:				
ROSSI	ANDREA						
	Name of Person		-				
MILANC	O HOMES II LLC						
••	Firm/Company		-				
32 S OS	SPREY AVE - SUITE 203						
	Address		•				
SARAS	OTA - FLORIDA - 34236						
	City/State and Zip Code		-				
andreal	uigirossi@gmail.com						
E-m	ail address: (to be used for future annua	l report notifica	ation)				
For furthe	er information concerning this matter, pl	ease call:					
Andrea	Rossi	941 at (8949796				
	Name of Person		Area Code & Daytime Telephone Number				
R D C 20	TREET/COURIER ADDRESS: egistration Section vivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	Regis Divis P.O. 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:							
☑ \$25 Filing Fee		□ \$55	☐ \$55 Filing Fee & Certified Copy				
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. N	lame of the limited liability company: MILANO HO	MES II LLC			
2. (a)	32 S OSPREY AVE - SUITE 203	(b) 32 S C	(b) 32 S OSPREY AVE - SUITE 203		
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SARASOTA 34236	SARAS	SOTA 34236		
	FLORIDA	FLORI	DA		
	05/06/2015	L150000	079835		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	ROSSI,ANDREA				
(-	Registered Agent and Registered Office shown on the records of 32 S OSPREY AVE - SUITE 203	f the Florida Dept. of Sta	ate:		
	Registered Office Address (MUST BE FLORIDA STREET	- 19 A			
	SARASOTA	34236	AUG 28		
(b)	ROSSI, ANDREA		- PH 5:		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	5:30 STATE GRUBS		
	100 WALLACE AVE - SUITE 240		»		
	NEW Registered Office Address:		_		
	SARASOTA	24227	_		
	Fl.	34237	_		
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members dicles of organization or the operating agreement of the	f the registered office liability company, it of the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.		
Signature of a member or authorized representative of a member			Printed or typed name of signee		
provis the ob to mer notifie	by accept the appointment as registered agent and aginous of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.	ree to act in this cap performance of my ed for in Chapter 60 hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been		

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