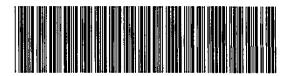
UIS 0000 87279

(Requestor's Name)									
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(Cit	ty/State/Zip/Phon	e #)							
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Office Use Only



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S Warren SEP 12 2016

COVER LETTER

TO: Registration Division of	on Section f Corporations							
SUBJECT:								
	Name of Limited Liability Company							
Dear Sir or Madar	n:							
The enclosed Reg	stered Agent/Registered Offic	ce Change an	ed fee(s) are submitted for filing.					
Please return all co	orrespondence concerning this	matter to th	e following:					
Modolo Morene	י							
	Name of Person							
CD Italia								
	Firm/Company							
247 SW 8th St	eet, Apt 418							
	Address	 · · · · · · · · · · · · · · · · · ·						
Miami, Florida	33130							
4-4	City/State and Zip Code							
pierre@foodma	anpa.com							
E-mail addre	ss: (to be used for future annu	al report not	ification)					
For further inform	ation concerning this matter, p	please call:						
Pierre Saliba		_ 305 _ at (365-1111					
N	ame of Person		Area Code & Daytime Telephone Number					
STREET	COURIER ADDRESS:	N	MAILING ADDRESS:					
	on Section		Registration Section					
	f Corporations		Division of Corporations					
Clifton Bu			2.O. Box 6327					
	eutive Center Circle ee, Florida 32301	1	Callahassee, Florida 32314					
Enclosed is a check for the following amount:								
☑ \$25 Fil	ing Fee		\$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.	Na	ame of the limited liability company: Cd Italia					
2.	(a)	247 SW 8th Street, Apt 418	a	same			
_,	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (,		Mailing address of limited (Note: MAY BE POST		• • •
		Miami, Florida 33130	_			· · -	
		05/18/2015	_	L150000	87279		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Dias Mauceri, Renata					
	\- <i>\</i>	Registered Agent and Registered Office shown on the records of th	e Florid	a Dept. of Stat	: 		
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)			, * 1	
		10390 Longshore Road, Unit 84			835	1	es-responden
		Placida , FL 3	33946	3		U	
	(b)	Modolo Moreno			/ A	2: 4	D
		Enter name of NEW Registered Agent and/or NEW Registered C	office ad	<u>ldress</u> :	A		
		NEW Registered Office Address:			_		
		247 Sw 8th Street, Apt 418			_		
		Miami , FL	33130) 	_		
the ag wa	e cha ent v as/w	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regi pility controlling the transfer the controlling the co	istered offic ompany, it i nited liabili	e and the business off is hereby confirmed the ty company or as other	fice of	f the registered e change(s)
	1/	by Mols	Mo	odolo Mor			
I pr the to no	here ovis e ob mer otifie	ture of a member of authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete playitions of my position as registered agent as provided ell reflect a change in the registered office address, I had in writing of his change.	e to ac perform for in preby c	et in this cap nance of my Chapter 60, confirm that	Printed or typed name of pacity. I further agree duties, and I am fami 5, F.S. Or, if this doct the limited liability c	_	
Si	gnatu	of Registered Agent					

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