## 15000 161 350

(Requestor's Name)					
(104,000,010,000)					
(Address)					
(100.000)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
<u></u>					
Special Instructions to Filing Officer:					
i					

Office Use Only



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TO 100, 3 - \$10,00 - \$10,00 + \$65.

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## **COVER LETTER**

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJ	DE VINCENZO INVESTME	ENTS LLC				
Name of Limited Liability Company						
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Registered Off	fice Change a	nd fee(s) are submitted for filing.			
Please	e return all correspondence concerning th	is matter to the	he following:			
ANG	BELA GUAN					
	Name of Person		<del></del>			
GAE	BLES ESTATES BUSINESS ADVI	SORY CO				
	Firm/Company					
396	ALHAMBRA CIR SUITE 200					
	Address					
COF	RAL GABLES, FL, 33134					
	City/State and Zip Code					
AGL	JAN@GECPAS.COM					
	E-mail address: (to be used for future and	nual report no	otification)			
For fu	orther information concerning this matter	, please call:				
ANG	ELA GUAN	305	665-5508			
	Name of Person	(	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MA			MAILING ADDRESS:			
	Registration Section Reg		Registration Section			
	Division of Corporations		Division of Corporations			
	Clifton Building	O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314			
	Enclosed is a check for the following	g amount:				
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits the following statement in order to change its registered office or registered agent, or both, in the State & Florida.

I. Na	ame of the limited liability company:	ENZO INVESTMEN	TS LLC
2. (a)	10478 LAKE VISTA CIRCLE	(b) 10478	LAKE VISTA CIRCLE
(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	BOCA RATON, FL, 33498	BOCA	RATON, FL, 33498
	09/22/2015	L15000	161350
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	BIANCA DE VINCENZO		
()	Registered Agent and Registered Office shown on the record 587 E SAMPLE RD 91	ds of the Florida Dept. of Sta	ite:
	Registered Office Address (MUST BE FLORIDA STRE	_	
	POMPANO BEACH	. FL 33064	TELL SEP 10
(b)	BIANCA DE VINCENZO		
` ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	tered Office address:	
	10478 LAKE VISTA CIRCLE		En Control
	NEW Registered Office Address;		- 30 30
	BOCA RATON	, <sub>FL</sub> 33498	
the charge was/we the artificial Signal	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of ture of a member or authorized representative of a member by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as profely reflect a change in the registered office address.	ess of the registered officed liability company, it ers of the limited liability confidence of the limited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.  Printed or typed name of signee
to mere ngtified	ely reflect a change in the registered office addres. d in writing of this change.	s, I héreby confirm tha	t the limited liability company has been

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

Signature of Registered Agent