

L15000166697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2021 FEB -8 AM 10:07

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COVER LETTER

TO: Registration Section
Division of Corporations

Bove Bros., LLC

SUBJECT: _____
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:

Aldo Bove

Name of Person

BOVE BROS LLC

Firm/Company

Via Cervinia 88

Address

Angri (SA), Italy, 84012

City/State and Zip Code

bovebros@gmail.com

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

For further information concerning this matter, please call:

Aldo Bove

267

4107270

at ()

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.

BOVE BROS., LLC

1. Name of the limited liability company: _____
Via Cervinia 88

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Angri (SA), Italy, 84012 Angri (SA), Italy, 84012

09/24/2015

L15000166697

3. Date of filing/registration in Florida 4. Document number
INCORP SERVICES, INC.

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
17888 67th Court North

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Loxahatchee

33470

, FL

Mario Alfano

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

16520 SW 137th Ave

NEW Registered Office Address:
Apt 1023

Miami

33177

, FL

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 of a member or authorized representative of a member

ALDO BOVE

Printed or typed name of signer

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 of Registered Agent

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

2021 FEB -8 AM