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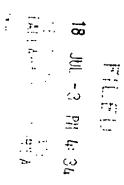
(Re	questor's Name)				
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT:	Т	ranstoso	ana L1 C	
				ability Company	
Dear S	ir or Madam:				
The er	nclosed Registered Agent/Registered Off	ice Cha	inge and	fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matt	er to the	following:	
	Maria Tonante				
	Name of Person				
	Transtoscana LLC			- _	
	Firm/Company				
	2000 Ponce de Leon Blvd, S	Ste 509	-E		
	Address				
	Coral Gables, FL 33134	4		_	
	City/State and Zip Code				
	maria@tonante.us			 .	
i	E-mail address: (to be used for future ann	iual rep	ort notifi	ication)	
For fu	rther information concerning this matter.	, please	call:		
	Maria Tonante	at (786) 838-9973	
	Name of Person			Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MA	AILING ADDRESS:	
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301		Tai	llahassee, Florida 32314	
	Enclosed is a check for the following	gamou	nt:		
	\$25 Filing Fee		□ \$5	55 Filing Fee & Certified Copy	
INHST	8 (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. 1	Name of the limited liability company:Tra	instosca	na LLC				
2. (a)	(1	o)				
2. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	, <u> </u>	Mailing address of lim (Note: MAY BE Pt		•	-
	2000 Ponce de Leon Blvd, Ste 509-E	_		2000 Ponce de Le	on Blvd,	Ste 50)9-E
	Coral Gables, FL 33134	_		Coral Gable	es, FL 33	134	
	12/02/2015	_		L15000201515			
3.	Date of filing/registration in Florida	4.		Document number	er		
5. (Maria Tonante						
	Registered Agent and Registered Office shown on the records of t	the Florid	a Dept. of S	tate:			
							
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES.	<u>S)</u>				
	936 SW 1st Ave, #1085				₹ ··	æ	
	Miami FL	3;	3130		-	JUI	可 三
/ 1.						ري	- 17
(t	Maria Tonante Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	_		: :	- '
					<i>12</i>	<u>∓.</u>	
	NEW Registered Office Address:			_			
	2000 Ponce de Leon Blvd, Ste 509-E						
	Coral Gables FL	3	3134				
the cagen was/	e limited liability company is not organized under the law hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the	the regi ability c of the lin	istered off ompany, i nited liabi	ice and the business it is hereby confirme lity company or as o	office of d that the	the re chang	gistered ge(s)
	moo ceround		ľ	Maria Tonante	_		
Sig	nature of a member of Juthorized representative of a member			Printed or typed nan	ne of signec		
prov the o to me notif	reby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address. It ged in writing of this change.	ee to ac perform d for in hereby c	t in this co ance of n Chapter b confirm th	apacity. I further as w duties, and I am fo 505, F.S. Or, if this o at the limited liabili	gree to co. amiliar w. document ty compar	nply v ith and is bei iv has	vith the Laccept ng filed heen