## L160000029077





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FILED
2021 AUG -6 PM 6: 2
SECRETARY OF STATE

## COVER LETTER

	Registration Section Division of Corporations							
SUBJE	Sacco Properties LLC							
SOBJE	Name of Limited Liability Company							
Dear Sir	or Madam:							
The enc	losed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.					
Please re	eturn all correspondence concerning	g this matter to the	following:					
James Sa	acco							
	Name of Person		<del></del>					
Sacco pr	operties LLC							
	Firm/Company		_					
2128 Bro	ownstone Lane							
	Address							
Charlotte	esville Va. 22901							
	City/State and Zip Coc	le	_					
-	nes@comcast.net							
E-	mail address: (to be used for future	annual report notif	ication)					
For furth	ner information concerning this mat	tter, please call:						
James Sa	acco	434 at (	566-8105					
	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 follow	ing amount:						
	■ \$25 Filing Fee	□ S:	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.

. Na	une of the limited liability company:	LLC_				
. (a)	· · · · · · · · · · · · · · · · · · ·			wnstone Lane		
. (,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(-,		-	limited liability company; POST OFFICE BOX)
	Sarasota, Fl. 34239			Charlottes	sville,Va. 22901	
	02/10/2016	<del></del>	ı	 .16000029	 )n77	
	Date of filing/registration in Florida	- 4.	-	.100000029	Document num	hor
	Nicole Mei	٦.			Decument num	(CC)
(b)	Registered Agent and Registered Office shown on the records of 2283 Arlington Street	the Flo	rida	Dept. of Sta	ite:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDR.	ESS)	<del></del>		202 SE TAL
	Sarasota, FI	3423	<b>'</b> )		_	FILED  2021 AUG -6 PH 6: 2  SECRETARY OF SIZE ALLAHASSECTERS
	Betty Sacco				_	-6 PH
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office	e <u>add</u>	ress:		6: 2:
	4511 Atwood Cay Circle					22
	NEW Registered Office Address:				_	
	Sarasota	34231	3			
	. FI					
hange gent v /as/wc	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	regist ability of the limite	tereo con limi ed lia	l office ar npany, it i led liabili	nd the business of is hereby confirm ty company or as	ffice of the registered included that the change(s)
Signa	tyrefor a member or authorized representative of a member	_			Printed or typed n	ame of signee
rovi <b>X</b> i he obl ) mere	A accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I disporting of this change.	ree to perfor d for i herchy	act i rmai in Ci v coi	n this cap ice of my iapter 60, ifirm that	pacity. I further a duties, and I am 5, F.S. Or, if this the limited liabil	igree to comply with the familiar with and accep s document is being filed lity company has been
1	Persy Jacon					
Signaty	re of Regimered Agent					