110000118076

(Requestor's Name)					
dress)					
dress)					
//State/Zip/Phone	e #)				
☐ WAIT	MAIL				
siness Entity Nar	ne)				
(Document Number)					
Certificates	s of Status				
Special Instructions to Filing Officer:					
	fress) fress) //State/Zip/Phone WAIT siness Entity Narr cument Number)				

Office Use Only



900306996999

12/26/17--01031--014 **25.00

18 JAN 11 PHIZ: 25

O SIMMONS JAN 1 1 2018



December 29, 2017

007890052400671 PARACORP INCORPORATED 2804 GATEWAY OAKS DR #100 SACRAMENTO, CA 95833

SUBJECT: NUNZIATA MANAGEMENT, LLC

Ref. Number: L16000118076

We have received your document for NUNZIATA MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FORM MUST CONTAIN CURRENT REGISTERED AGENT ON LINE 5A

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 317A00026325

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	Nunziata Management, LLC				
SOBJECT	Name of Limited Liability Company				
Dear Sir or N	Madam;				
The enclosed	d Registered Agent/Registered Office	Change and	d fee(s) are submitted for filing.		
Please return	all correspondence concerning this	natter to the	e tollowing:		
Destiny B	aylor				
	Name of Person		 		
Paracorp	Incorporated				
	Firm/Company		 -		
2804 Gate	eway Oaks Dr #100				
	Address				
Sacramen	nto, CA 95833				
	City/State and Zip Code				
•	myparacorp.com				
E-mail	address: (to be used for future annua	l report not	ification)		
For further i	nformation concerning this matter, p	ease call:			
Destiny B	aylor	800 at (533-7272		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	R D P	AAILING ADDRESS: degistration Section Division of Corporations P.O. Box 6327 fallahassee, Florida 32314		
Enc	losed is a check for the following a	mount:			
⊿ \$	25 Filing 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	me of the limited liability company: Nunziata Mana	ageme	nt, LLC	
	189 S ORANGE AVE, STE 970	/b	189 S ORA	NGE AVE, STE 970
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0.	Maili	ng address of limited liability company: ote: MAY BE POST OFFICE BOX)
	ORLANDO, FL 32801	_	ORLANDO	, FL 32801
		_		
	06/22/2016	_	L160001180	076
3.	Date of filing/registration in Florida	4.	Do	cument number
5. (a)	B&C Corporate Services	<u> </u>	Central	Florida, Inc.
	Registered Agent and Registered Office shown on the records of the	ie irioriaa	Dept, or state;	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS.	 !	18 JAN 1
	390 N Orange Ave, ST			
	Orlando FL			PH 12: 25
			<u> </u>	
(b)	Paracorp Incorporated			. (3)
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	<u>lress</u> :	ν*
	155 Office Plaza Drive, 1st Floor			
	NEW Registered Office Address:			
	Taliahassee ,FL_	323	01	
the cha agent v	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of iclessof organization of the operating agreement of the l	the regis bility co the lim	tered office an mpany, it is he ited liability co	d the business office of the registered treby confirmed that the change(s) ompany or as otherwise provided in
Ciana	ture of a member or authorized representative of a member		Pr	inted or typed name of signee
I here provisi the obt to mer	hy accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d'in writing of this change	e to act perform for in C erehy co	is this canacia	v I further garee to comply with the

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

Million Vong, Assistant Secretary