L16000165873

(Re	questor's Name)	
(Ad	dress)	
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(^u	uiess)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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2020 JUL -9 AH 7: 56
SECKE JARY LES FATE
TALL ABARCES FOR

D. BRUCE AUG 23 2020

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Masseranol abs LLC					
	Name of Limited L	iability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Register	ed Office Change and	fee(s) are submitted for filing.			
Please return all correspondence concern	ning this matter to the	following:			
Piero Toffanin					
Name of Person		<u> </u>			
MasseranoLabs LLC					
Firm/Company					
2462 1st Ave N					
Address					
St Petersburg, Florida 33713			## 33.0	202(
City/State and Zip C	Code		RETO LLLA	2020 JUL -9	· See
pt@masseranolabs.com			X	-9	5
E-mail address: (to be used for futu	ire annual report notif	lication)		≱	ट्रैलाड : व्य
For further information concerning this	matter, please call:		严	7: 5	Š es
Piero Toffanin	218 at (4619746 		<u>ው</u>	
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 8 Tallahassee, FL 32303	:10		
Enclosed is a check for the foll	lowing amount:				
■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy			

INHS18 (2/14)

STÂTEMENT 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	ime of the limited liability company: Masseranol.abs	LLC		
2. (a)	MasseranoLabs LLC	(b)	MasseranoLabs LLC	
±. (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)	
	2462 1st Ave N		2462 1st Ave N	
	St Petersburg, Florida 33713		St Petersburg, Florida 33713	
	09/06/2016	i.	L16000165873	
3.	Date of filing/registration in Florida		Document number	
5. (a)	NORTHWEST REGISTER <u>ED</u> AGENT LLC.			
5. (a)	Registered Agent and Registered Office shown on the records of NORTHWEST REGISTERED AGENT LLC.	of the Piorida D	Dept, of State:	
	Registered Office Address (MUST BE FLORIDA STREET 7901 4TH STREET N. SUITE 300)	(ADDRESS)	2	
	ST.PETERSBURG . F	33702		
(b)	Piero Toffanin Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		SECRETALLAH	
	Piero Toffanin		SKHW 6-1	2 (8.9 7 400
	NEW Registered Office Address:			
	2462 1st Ave N			7
	St Petersburg	L_33713		
change agent v was/w the art Signa There provise the mer not the	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited street authorized by an affirmative vote of the members icles of organization or the operating agreement of the flow of a member or authorized representative of a member by accept the appointment as registered agent and as ions of all statutes relative to the proper and completely actions of my position as registered agent as provided in writing of this change.	ne registered liability com lof the limite e limited lia Piero l	ed office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company. Toffanin Printed or typed name of signce in this canacity. I further garee to comply with the content of the content in the canacity.	n The