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SECRETARY OF STATE

S Warren MAR 1 0 2017

COVER LETTER

Division of Corporations		
FELICIA LLC		
	ame of Limite	d Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change	and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to	the following:
SILVIA P. MASCI		
Name of Person		
Firm/Company		
1920 S. Ocean Drive #20-B		
Address		
Hallandale Beach, FL 33009		
City/State and Zip Code	;	
mascilamatta@aol.com		
E-mail address: (to be used for future a	nnual report n	otification)
For further information concerning this matt	er, please call:	
Silvia P. Masci	516	508-6713
Name of Person	at (Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followi	ng amount:	
\$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/14)		ř

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: FELICIA LLC			
2. (a)	1920 S. Ocean Drive	(b) 1920 S. Ocean Drive		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	No. 20-B	No. 20)-B	
	Hallandale Beach, FL 33009	Hallar	idale Beach, FL 33009	
	11/01/2016	L16000	199921	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	SILVIA P. MASCI			
<i>Σ.</i> (α)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	itate:	
	1020 South Ocean Drive			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	Hallandale Beach , FI			
(b)	SILVIA P. MASCI			
` ,	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	See See	
	1920 S. Ocean Drive		A B 10 OF STATE	
	NEW Registered Office Address:		ATE	
	No. 20-B		—	
	Hallandale Beach , FI	_33009		
the cha agent w was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members of less of organization or the operating agreement of the number of an ember of a member of a me	f the registered off ability company, of the limited liab e limited liability of SILVIA P. I	fice and the business office of the registered it is hereby confirmed that the change(s) dility company or as otherwise provided in company. MASCI Printed or typed name of signee	
i nerei provisi the obli to mere notified	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I think of this change:	ree to act in this c e performance of n ed for in Chapter t hereby confirm th	apacity. I juriner agree to comply with the sty duties, and I am familiar with and acceptions, if this document is being filed at the limited liability company has been	

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