

**L16000304240370**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SERVICIOS COMUNITARIOS LATINOS INC  
Account Number : I20080000080  
Phone : (305) 642-1090  
Fax Number : (305) 642-1010

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DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: exec.asst@italiannis.com

**LLC REGISTERED AGENT CHANGE  
ITALIANNIS USA LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 14 2016  
J. HARRIS

(H160003042403)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ITALIANNIS USA LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICK BIANCINI

Name of Person

Firm/Company

777 BRICKELL AVE STE 950

Address

MIAMI, FL. 33131

City/State and Zip Code

exec.asst@italiannis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THARINE J MORALES

at (305) 961-1181

Name of Person

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 following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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. Name of the limited liability company: ITALIANNIS USA LLC

2. (a) 777 BRICKELL AVE STE 950

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

MIAMI, FL. 33131

(b) 777 BRICKELL AVE STE 950

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

MIAMI, FL. 33131

11/10/2016

3. Date of filing/registration in Florida

L16000211370

4. Document number

5. (a) JUAN C. CACHOUA

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

777 BRICKELL AVE STE 950

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL. 33131

(b) PATRICK BIANCINI

Enter name of NEW Registered Agent and/or NEW Registered Office address:

777 BRICKELL AVE STE 950

NEW Registered Office Address:

MIAMI, FL. 33131

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X [Signature]  
Signature of a member or authorized representative of a member

JUAN C CACHOUA

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X [Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

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