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COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	Cavaliere and Arantes Ente	rprises, LL(2			
SOBSECT	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered Off	fice Change ar	nd fee(s) are submitted for filing.			
Please retur	n all correspondence concerning th	is matter to th	ne following:			
Aldo Nico	ola Cavaliere Filho					
	Name of Person					
Cavaliere	e and Arantes Enterprises, LL	С				
	Firm/Company					
1511 Roc	ck Springs Rd			- Ko		
,,	Address			<u>ख</u> ल त. त		
Apopka,	FL 32712					
	City/State and Zip Code	· ·		(*)		
aldocava	lierefilho@gmail.com			73 H : 2		
E-mai	l address: (to be used for future and	nual report no	tification)	27		
For further	information concerning this matter	, please call:				
Luciana A	Arantes	407 at (233-9286			
	Name of Person	at (Area Code & Daytime Telepho	one Number		
Rep Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 61 Executive Center Circle lahassee, Florida 32301	F F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314			
En	closed is a check for the following	g amount:				
2 1:	\$25 Filing Fee	a	\$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. N	lame of the limited liability company: Cavaliere and	Arante	es Enterp	orises, LLC	
2. (a)	1511 Rock Springs Rd	Œ	(b) 1511 Rock Springs Rd		
(4-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ \		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Apopka, FL 32712	_	Apopka	a, FL 32712	
	01/05/2017		L170000	004744	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	Accountingally, LLC				
`	Registered Agent and Registered Office shown on the records of to 312 SE 17th Street	he Florida	Dept. of Sta	ate:	
	Registered Office Address (MUST BE FLORIDA STREET A	77			
	Suite 301				
	Fort Lauderdale	33316		1	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	F: 27	
	NEW Registered Office Address:				
	1511 Rock Springs Rd	<u> </u>		_	
	Apopka , FL	32712		_	
the chagent was/v	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regi ability co f the lin	stered offic ompany, it nited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
	Mo Nich for fine to the	Ald	o Nicola	Cavaliere Filho	
I here provise the old to me notification	ature of a member or authorized representative of a member seby accept the appointment as registered agent and agri- sions of all statutes relative to the proper and complete of a member of my position as registered agent as provided rely reflect a change in the registered office address, I he address of this change. The state of the change of the c	ee to ac perform I for in (iereby c	in this ca ance of my Chapter 60 Confirm tha	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed t the limited liability company has been	