

**L17000059374**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**

**2017 JUN 12 PM 2:08**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**JUN 13 2017**

**J. HARRIS**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BATTISTA CONSULTING 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:

**MATTEO BATTISTA**

Name of Person

Firm/Company

**3111 NE 9TH AVE**

Address

**POMPANO BEACH, FL 33064**

City/State and Zip Code

**MBATTISTA23@VERIZON.NET**

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

For further information concerning this matter, please call:

**MATTEO BATTISTA**

Name of Person

at ( **561** )

**324-1086**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2017

MATTEO BATTISTA  
3111 NE 9TH AVE  
POMPANO BEACH, FL 33064

SUBJECT: BATTISTA CONSULTING LLC  
Ref. Number: L17000059374

RECEIVED  
JUN 12 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for BATTISTA CONSULTING 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 917A00008359

FILED  
2017 JUN 12 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: BATTISTA CONSULTING LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

3111 NE 9TH AVE

POMPAN0 BEACH, FL 33064

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3111 NE 9TH AVE

POMPAN0 BEACH, FL 33064

3/15/2017

L17000059374

3. Date of filing/registration in Florida

4. Document number

5. (a) MATTEO BATTISTA

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

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

2220 NE 37TH ST

LIGHTHOUSE POINT, FL 33064

(b) \_\_\_\_\_

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

**NEW** Registered Office Address:

3111 NE 9TH AVE

POMPAN0 BEACH, FL 33064

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.

  
Signature of a member or authorized representative of a member

MATTEO BATTISTA

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.*

  
Signature of Registered Agent

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

**FILED**  
2017 JUN 12 10:07  
TALLAHASSEE  
SECRETARY OF STATE  
FLORIDA