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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Scotto's italian Pistorate 110 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:					
Caterina Scotto Name of Person					
Scotto's Italian Risterate 110 Firm/Company					
1701 Doule rd #B Address					
Detro A C 33-125 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (321) 180 Cic 12 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 & 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. Na	me of the limited liability company:	s italia	n RISTUR	intellC
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of lim	ited liability company:
	(<u>Note: MUST BE STREET ADDRESS</u>)	•	· ·	OST OFFICE BOX
	#1B		#B	
	Deltara F1 32-128	<u>De</u>	utora FI	32725
	3/20/17	LIC	10000	43012
3.	Date of filing/registration in Florida	4.	Document number	er
5. (a)	Silvana Scotto			
, , ,	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State	e:	
	1701 DULIE LG		_	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	-	
	# B		_	
	Deiter 4 .FL	22725	_	200 B
(b)	Caterina Scotto		ï	2019 JEH 31
(,	Enter name of <u>NEW_Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	-	2
	1701 Doyle rd		_	PH 12: +8
	NEW Registered Office Address:		•	F.
	* B		-	
	DEITINA	ുച്ചുമട		
			-	
If the li	mited liability company is not organized under the law nge or changes are made, the Florida street address of	ws of the State of Flo the registered office	orida, it is hereby e and the business	confirmed that after office of the registered
agent w	rill be identical. Or, in the case of a Florida limited li	ability company, it i	is hereby confirme	d that the change(s)
	re authorized by an affirmative vote of the members of the of oreanization or the operating agreement of the			omerwise provided in
	. 4		Firera Printed or typed nan	in Ho
Signat	ure of a member or authorized representative of a member		Printed or typed nan	ne of signee
provision the oblication to the oblication the	oy accept the appointment as registered agent and agr ons 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 is fin-writing of this change.	ree to act in this cap performance of my d for in Chapter 602 hereby confirm that	acity. I further as duties, and I am fo 5, F.S. Or, if this o the limited liabili	gree to comply with the amiliar with and accept document is being filed ty company has been
Sieffauf	e of Registered Agent			