## F17000081978

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900300780199

900300780199 07/08/17--01019--016 ++25.00

7 JUL -6 AM 10: 37

S. WARREN JUL 0 7 2017

	COVER LE	ETTER ,		
TO: Registration Section Division of Corporations				
CEO ELECTRONICS, LLC				
	e of Limited Lia	ability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ce Change and t	fee(s) are submitted for filing.		
Please return all correspondence concerning the	s matter to the f	following:		
MIRKO T GENOVESE-CORRADINI				
Name of Person O ELECTRONICS, LLC Firm/Company O1 NW 79TH AVENUE, SUITE 252 Address				
CEO ELECTRONICS, LLC				
Firm/Company		_		
3901 NW 79TH AVENUE. SUITE 252				
Address		_		
DORAL, FL 33122				
City/State and Zip Code		_		
MGENOVESE1@HOTMAIL.COM				
E-mail address: (to be used for future annual	ual report notifi	cation)		
For further information concerning this matter.	please call:			
SIOLY F RODRIGUEZ	954	3800300		
Name of Person	ar (	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	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	□ \$5	5 Filing Fee & Certified Copy		

## 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.

Na	me of the limited liability company. CEO ELECTR		
(a)	3901 NW 70TH AVE SUITE 252, MIAMI, FL 3	(b) S/	AME
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company.  (Note: MAY BE POST OFFICE BOX)
	04/12/2017	 L17	7000081978
	Date of filing registration in Florida	4.	Document number
(a)			
	Registered Agent and Registered Office shown on the records of the	e Florida Dep	ot, of State.
	MIRKO T GENOVESE-CORRADINI		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<u></u>
	7950 NW 53RD ST SUITE 337, MIAMI FL 33	3166	
	, FL_		JUL-6 AMIO:
b)	MIRKO T GENOVESE-CORRADINI		
	Enter name of NEW Registered Agent and or NEW Registered C	Office address	0: 3 Oran
	3901 NW 79TH AVE SUITE 252 MIAMI FL 3	3122	
	NEW Registered Office Address:		
	, FI		
cha it v wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he registere bility compa the limited	ed office and the business office of the regis any, it is hereby confirmed that the changer: Hiability company or as otherwise provided
	165 Commo		T GENOVESE CORRADINI
9113	ture of a member or authorized representative of a member		Printed or typed name of signee

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