L17W1332W

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					

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S. WARREN AUG 0 8 2017

COVER LETTER

Registration Section Division of Corporations

TO:

Marzucco Signature Homes and Real Estate						
Name of	Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this ma	atter to the following:					
Dorothy DePalo						
Name of Person	· 					
Marzucco Signature Homes and Real Estat	te					
Firm/Company						
2336 J & C BLVD						
Address						
Naples, FL 34109						
City/State and Zip Code						
ddepalomca@aol.com	!					
E-mail address: (to be used for future annual r	report notification)					
For further information concerning this matter, plea	ise call:					
Dorothy DePalo	784-4422					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amo	ount:					
☑ \$25 Filing Fee	☐ \$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. Na	me of the limited liability company: Marzucco Sig	nature	Homes	and Real Estat	e
2. (a)	12455 Collier Blvd.	((b) 12455 Collier Blvd.		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,	_	imited liability company: POST OFFICE BOX)
	Naples, FL 34116		Naples	s, FL 34116	
	6/6/17		L17000	123207	
3.	Date of filing/registration in Florida	4.		Document num	ber
5. (a)	Dorothy DePalo			,	
J. (u,	Registered Agent and Registered Office shown on the records of 12455 Collier Blvd.	the Floric	la Dept. of S	tate:	
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRES	<u>.S)</u>		
	Naples FL	3411	6		FIL 17 AUG -7
(b)					FILCD 6-7 PM
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	dd <u>ress</u> :		
	Dorothy DePalo				PH 3: 5
	NEW Registered Office Address:			_	
	2336 J & C BLVD				
	Naples, FL	3410	9		
the cha agent v was/was the art	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the florida member or authorized representative of a member	the regability of the linited	istered off ompany, i nited liabi	ice and the busine t is hereby confirm lity company or as ompany.	ss office of the registered ned that the change(s) s otherwise provided in
provisi the obj to mer notifie	by accept the appointment as registered agent and aginions of all statutes relative to the proper and complete ligations of my position as registered agent as provided liveral expension as registered office address. It is a writing of this change of the complete office address. The status of this change of the complete office address.	perforn d for in	nance of m Chapter 6	ly duties, änd I am 105. F.S Or. if thi	i familiar with and accept is document is being filed
Signatu	re of Registered Agent				
	V District Community) · / 22	Ta Tallab	171 22214	•