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questor's Name)					
(Address)					
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(Business Entity Name)					
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COVER LETTER

	Registration Section Division of Corporations				
SUBJE	CT: BELLA	Food LLC. Name of Limited Liability Company			
		ranc of Emilied Elabinty Company			
Dear Sir	or Madam:				
The enc	losed Registered Agent/Register	ed Office Change and fee(s) are submitted for filing.			
Please re	eturn all correspondence concern	ning this matter to the following:			
-	Nicholas Flore				
	Name of Person				
BELLA FOODS, LLC					
	Firm/Company				
10282 BOCA ENTRADA BIVD #108 Address					
	Addiess				
Bo	Ca Raton, FL City/State and Zip (33428 Code			
ŕ	NHAMMER730 Q G	imail.com			
For furt	her information concerning this	matter please call:			
1011411		manor, prouse van.			
NICHOLAS FLORE at (561) 305-0374					
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRES	SS: 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 amount:					
	\$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	ame of the limited liability company: BELLA	F0005,	LLC.	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of l	a ENTrada Blva limited liability company: POST OFFICE BOX)
	# 108 BOCE RATION, FL 33428	# 108 Boca	3 A Raton	1, FL 33428
3.	9 5 20 7 Date of filing/registration in Florida	<u> </u>	7000 8800	
5. (a)	WHEN STATES CORRESPONDED			
	13302 WINDING OAK COURT I	RESS)	_	
	TAMPA ,FL	33612	_ _	OEC 44
(b)	WICHOLAS FIORE Enter name of NEW Registered Agent and/or NEW Registered Offi	ice address;	_	
	10282 BOCA ENTRADA BIVE NEW Registered Office Address:)	_	88 1.7
	Boca Raton ,FL	33428	_	
the cha agent v was/we	limited liability company is not organized under the laws or ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the lim	registered officity company, it is limited liability	ce and the busine is hereby confirmity company or as	ess office of the registered med that the change(s)
	ature of a member or authorized representative of a member	•	Printed or typed n	Tipe lame of signee
provisi the obt to mer	by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete per ligations of my position as registered agent as provided for ely reflect a change in the registered office address, I here is a writing of this change.	to act in this ca formance of my r in Chapter 60 eby confirm tha	pacity. I further duties, and I am 15, F.S. Or, if thi t the limited liab	agree to comply with the Jamiliar with and accept s document is being filed ility company has been

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

Signature of Registered Agent