## 117000221972

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	ocument Number)				
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2017 NOV 20 AN 6: 52

J. HARRIS

## **COVER LETTER**

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations
SUBJECT: SAY DIO HOLDINGS 17 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:
Jessico M Gap Off  Name of Person
Serpio Holdings 17 LLC Firm/Company
405 N. HIBISCUS Dr. #205
Miami Beach, Fl 33139  City/State and Zip Code
Serpio Wiseem . îs E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TASSICO GAPOFF at (415) 272 7753  Name of Person 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

## 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

r lorida.				_		
Name of the limited liability company:	Serpio	Holdi	ngs 17	<u>LLC</u>		
2. (a) TESSICA M Ga	poff '	(b) _	Jessi	COM G	apoff	
Principal office address of limited by (Note: MUST BE STREET)			_	address of limited : MAY BE POST		-
405 N. Hibiscus C	r. # 205		411 Wal	nut Stra	2et #1	3219
Miami Beach, FL	33139		Green (	ove Spr	ings, Fl	320
10/26/17			L170	002219	172	
3. Date of filing/registration i	n Florida	4.	Docu	ment number		
5. (a) 1855169 M PSI	20+1					
Registered Agent and Registered Office sho	iwn on the records of	the Florida De	pt. of State:			سند
Registered Office Address (MUST BE	FLORIDA STREET	ADDRESS)	<del></del>	5:	, <del>690</del>	
411 Walnut St	#1321	9		; <u>-</u>		
Green Cove Spring	7, P	320	343	:	· 100	-
Tarian M. O	<del>,                                    </del>	<u>.                                  </u>		:		
(b) <u>JESSICO</u> M 6	apott	d Office wilden			` <u>≅</u> ; æ,	
Tailer name of the Wegistered Agent and	ion <u>NEW Registeret</u>	a_Crince addres	<u>v</u> .	_	: 52	
					•	
NEW Registered Office Address:	Dr #20	C				
405 N. HIBISCW	M. FLU	<u> </u>				
Miami Beach	FI	3313	39_			
If the limited liability company is not organ						
the change or changes are made, the Florid agent will be identical. Or, in the case of a	Florida limited li	iability comp	oany, it is hereb	y confirmed th	at the change	e(s)
was/were authorized by an affirmative vote the articles of organization or the operating			ility company.	^ -		a in
Signature of Joseph or authorized representative			3)1229 <u>C</u>	s bapof	¥'	
I hereby accept the appointment as registe	red avent and av	ree to act in	this capacity.	a or typed name of I further agree	to comply wi	ith the
provisions of all statutes relative to the pro the obligations of my position as registered to merely reflect a change in the registered	per and complete agent as provide	e performanc ed for in Cha	e of my duties, ipter 605, F.S.	and Lam famil Or, if this doci	liar with and ment is bein	accept g filed
to merely reflect a change in the registered notified in writing of this change	office address, I	nereby confi	irm that the lim	med Hability co	ompany has t	een
Signature of Registered Agent	<del></del>					

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