

L17000259250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

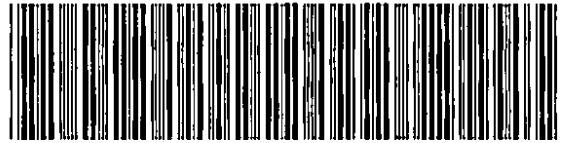
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2018 DEC 17 PM 2:31  
JAN 05 2019

D. BRUCE  
JAN 05 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BELLA NAPOLI PIZZA 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:

CARLOS O FARIAS

\_\_\_\_\_  
Name of Person

BELLA NAPOLI PIZZA LLC

\_\_\_\_\_  
Firm/Company

750 S. BLUFORD AVENUE

\_\_\_\_\_  
Address

OCOOEE, FL 34761

\_\_\_\_\_  
City/State and Zip Code

OMARFARIAS22@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLAS DEL FIN FARIAS                      312                      824-5787  
\_\_\_\_\_  
Name of Person                      at (                      )                      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

☐ \$55 Filing Fee & Certified Copy

FILED  
2016 DEC 17 PM 2:31  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

**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.*

**BELLA NAPOLI PIZZA LLC**

1. Name of the limited liability company: 750 S. BLUFORD AVENUE, OCOEE, FL 34761 (a) SAME (b)

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
12/20/2017 (b) Mailing address of limited liability company.  
(Note: MAY BE POST OFFICE BOX)  
L17000259250

3. Date of filing/registration in Florida 4. Document number  
CARLOS O. FARIAS

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
425 SUN LAKE CIRCLE # 103  
LAKE MA 32746  
FL

(b) NICOLAS DEL FIN FARIAS  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address.  
750 S. BLUFORD AVENUE  
OCOEE 34761  
FL

FILED  
2016 DEC 17 PM 2:31  
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

CARLOS O. FARIAS  
Signature of a member or authorized representative of a member Printed or typed name of signer

*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